

Patterns of health and disease are largely a consequence of how we learn, live and work



Improving the
Health of Canadians
2009

Exploring Positive
Mental Health

C a n a d i a n P o p u l a t i o n H e a l t h I n i t i a t i v e



Canadian Institute
for Health Information

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Table of Contents

- About the Canadian Population Health Initiative v
- About the Canadian Institute for Health Information v
- CPHI Council..... vii
- Acknowledgements ix

- Introduction 3**

- Section 1. Exploring the Concept of Positive Mental Health.....7**
- What Do We Mean by Positive Mental Health?.....8
 - Canadians’ Views of Mental Health.....8
 - Conceptualizing Mental Health From Mental Illness.....8
 - Mental Health Promotion.....10
 - Operationalizing Positive Mental Health.....10
 - Ability to Enjoy Life10
 - Genetics and Personality.....10
 - Life Circumstances, Family and Social Characteristics.....11
 - Behaviours12
 - Dealing With Life Events.....12
 - Coping With Life’s Challenges.....12
 - Growing From Life’s Challenges: Resilience and Finding Positive
in the Negative13
 - Emotional Well-Being.....14
 - Spiritual Well-Being.....15
 - Social Connections and Respect for Culture, Equity, Social Justice
and Personal Dignity.....16

- Section 2. Exploring Positive Mental Health: How Do We Measure It?19**
- Measures and Indicators Internationally20
- Measures and Indicators in Canada20
- Self-Rated Mental Health as a Measure of Positive Mental Health.....21

- Section 3. Exploring the Role of Positive Mental Health in Health25**
- Links Between Positive Mental Health and Health26
 - Ability to Enjoy Life26
 - Dealing With Life Events.....28
 - Emotional Well-Being29
 - Spiritual Well-Being29
- CPHI Analyses of Links Between Positive Mental Health and Health.....30
- Characteristics Associated With High Levels of Positive Mental Health34
 - Geographic Location35

Age	37
Sex	38
Socio-Economic Status	38
Employment Status	38
Education	38
Household Income Adequacy	39
Marital Status and Living Arrangements	40
Culture and Community	40
Immigration Status	40
Cultural or Racial Background	40
Religious Service Attendance	40
Community Belonging	40
Available Social Support	41
Other Measures of Positive Mental Health: Psychological Well-Being and Life Satisfaction	41
Section 4. Promoting Positive Mental Health	45
Mental Health Policy in Canada	46
Promoting Positive Mental Health: A Role for Everyone	47
Distinguishing Mental Health Promotion From Mental Illness Prevention and Treatment	47
Promoting Positive Mental Health: At the Societal Level	48
Promoting Positive Mental Health: At the Community Level	49
Promoting Positive Mental Health: At the Individual Level	51
Promoting Positive Mental Health: Research, Data and Health Services	52
Summary and Conclusions	55
Exploring Positive Mental Health	56
Measuring Positive Mental Health and Its Role in Health	56
Promoting Positive Mental Health	57
Conclusions	58
Exploring Positive Mental Health: Key Messages	59
Exploring Positive Mental Health: Information Gaps	60
What CPHI Research Is Happening in the Area?	61
For More Information	62
There's More on the Web	63

Appendices	67
Appendix A. Examples of Different Ways of Looking at Mental Health.....	67
Appendix B. Percentage Self-Reporting High Positive Mental Health by Social and Demographic Characteristics, Population 15 Years and Older, 2002	69
Appendix C. Adjusted Odds of Self-Reporting High Positive Mental Health Outcomes by Selected Characteristics, Population 15 Years and Older, 2002	73

References	75
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Figures

Figure 1. Links Between Positive Mental Health and Mental Illness and Positive Physical Health and Physical Illness.....	26
Figure 2. Percentage Reporting Positive Health Outcomes by Type of Coping Strategy, Population 15 Years and Older, 2002	28
Figure 3. Percentage Reporting Excellent Physical Health by Level of Coping, Population 15 Years and Older, 2002	32
Figure 4. Percentage Self-Reporting Mental Illness by Level of Social Connectedness, Population 15 Years and Older, 2002	33
Figure 5. Percentage Reporting High Levels of Life Enjoyment, Emotional Well-Being and Social Connectedness by Province, Population 15 Years and Older, 2002.....	35
Figure 6. Percentage Reporting High Life Enjoyment in Canadian Census Metropolitan Areas, Population 15 Years and Older, 2002	36
Figure 7. Percentage Reporting High Levels of Positive Mental Health by Age Group, Population 15 Years and Older, 2002.....	37
Figure 8. Percentage Reporting High Levels of Positive Mental Health by Household Income Adequacy, Population 15 Years and Older, 2002.....	39
Figure 9. Percentage Reporting High Levels of Positive Mental Health by Sense of Community Belonging, Population 15 Years and Older, 2002	41

Tables

Table 1.	Coping Methods, Population 15 Years and Older, 2002.....	12
Table 2.	Excellent Self-Rated Health, Excellent Self-Rated Mental Health and High Life Satisfaction Across Canada by Province, Population 12 Years and Older, 2005	22
Table 3.	Positive Mental Health Variables, Population 15 Years and Older, 2002	30
Table 4.	Percentage Self-Reporting Adverse Health Outcomes and Positive Health Outcomes by Level of Positive Mental Health, Population 15 Years and Older, 2002	31
Table 5.	Examples of Societal-Level Mental Health Initiatives With a Positive Mental Health Component or Approach	48
Table 6.	Examples of Mental Health Programs With a Positive Mental Health Component or Approach: Family, School, Work and Community Settings.....	50
Table 7.	Examples of Individual-Level Mental Health Programs With a Positive Mental Health Component or Approach.....	52

About the Canadian Population Health Initiative

The Canadian Population Health Initiative (CPHI), a part of the Canadian Institute for Health Information (CIHI), was created in 1999. CPHI's mission is twofold:

- To foster a better understanding of factors that affect the health of individuals and communities; and
- To contribute to the development of policies that reduce inequities and improve the health and well-being of Canadians.

As a key actor in population health, CPHI:

- Provides analysis of Canadian and international population health evidence to inform policies that improve the health of Canadians;
- Commissions research and builds research partnerships to enhance understanding of research findings and to promote analysis of strategies that improve population health;
- Synthesizes evidence about policy experiences, analyzes evidence on the effectiveness of policy initiatives and develops policy options;
- Works to improve public knowledge and understanding of the determinants that affect individual and community health and well-being; and
- Works within CIHI to contribute to improvements in Canada's health system and the health of Canadians.

About the Canadian Institute for Health Information

CIHI collects and analyzes information on health and health care in Canada and makes it publicly available. Canada's federal, provincial and territorial governments created CIHI as a not-for-profit, independent organization dedicated to forging a common approach to Canadian health information. CIHI's goal: to provide timely, accurate and comparable information. CIHI's data and reports inform health policies, support the effective delivery of health services and raise awareness among Canadians of the factors that contribute to good health.

CPHI Council (as of June 2008)

A council of respected researchers and decision-makers from across Canada guides CPHI in its work:

- **Cordell Neudorf** (Chair), Chief Medical Health Officer and Vice-President, Research, Saskatoon Health Region, Saskatchewan
- **David Allison**, Medical Officer of Health, Eastern Regional Integrated Health Authority, Newfoundland and Labrador
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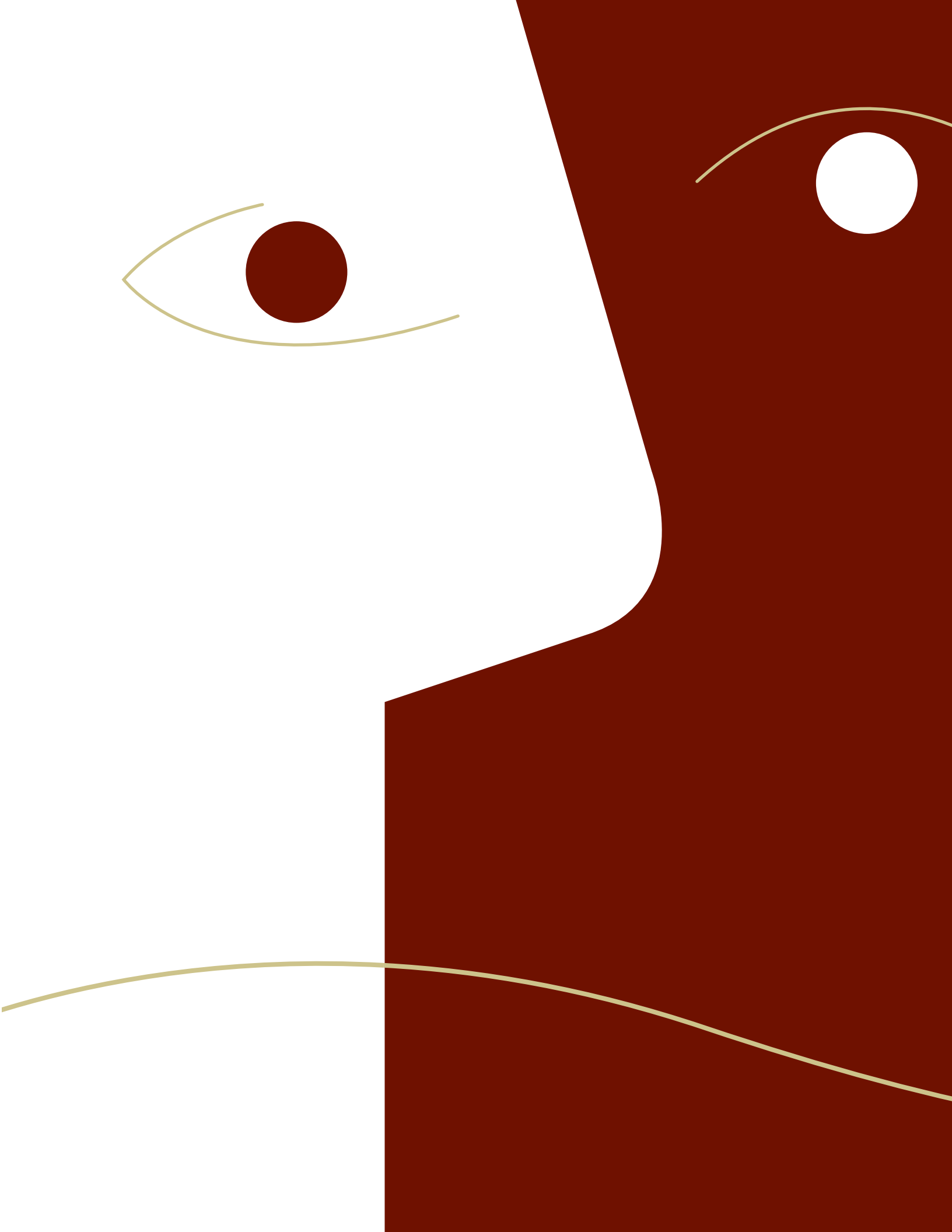
Please note that the analyses and conclusions in this report do not necessarily reflect those of the individual members of the Expert Advisory Group or peer reviewers, or their affiliated organizations.

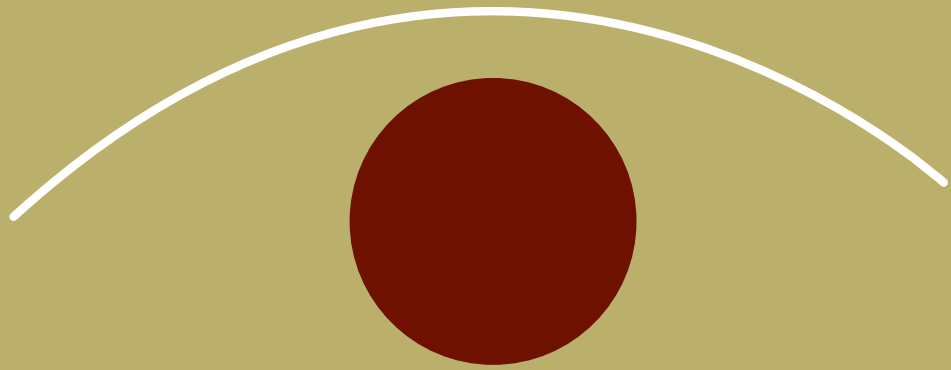
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We appreciate the ongoing efforts of researchers working in the field of population health to further our knowledge and understanding of the important issues surrounding health determinants and related health improvements.





Introduction

Mental health is generally agreed to be more than just the absence of a mental illness.¹ The World Health Organization (WHO) defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”² The Public Health Agency of Canada (PHAC) has also adopted a broad definition: “Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”^{i, 3}

i. As noted in the article, "Mental Health Promotion: People, Power and Passion," published in the 1998 inaugural issue of *International Journal of Mental Health Promotion* (Authors: N. Joubert and J. Raeburn), this definition arose from a 1996 international workshop held by the Centre for Health Promotion, University of Toronto, and the Mental Health Promotion Unit, Health Canada.

Increasingly, mental health is moving to the forefront of discussions and action on overall health and well-being. Some of these efforts include federal government initiatives such as the Mental Health Commission of Canada⁴ and reports, such as the Public Health Agency of Canada's *The Human Face of Mental Health and Mental Illness in Canada 2006*⁵ and the Standing Senate Committee on Social Affairs, Science and Technology's *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*.⁶ Provinces, territories, health regions, non-governmental organizations and others are also engaged in various initiatives and consultations. In this context, the Canadian Population Health Initiative (CPHI) has selected mental health and resilience as a key theme guiding its current work.⁷ In doing so, it will work to build on, and inform, current efforts to better understand what makes people mentally healthy.

Much of the work on mental health has not focused on supporting the development of positive health, but instead has had a primary focus on mental illness, specifically service-, access- and stigma-related issues. This was

seen as a gap by the experts CPHI consulted regarding the focus for this report. Positive mental health was seen as a construct that is still being developed and for which literature is emerging. In light of this, in this report CPHI explores the concept of positive mental health by looking at mental health as distinct from mental illness and at positive mental health as a component of overall health and mental health promotion.

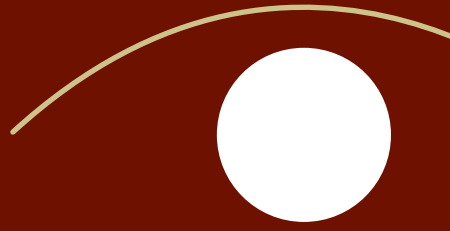
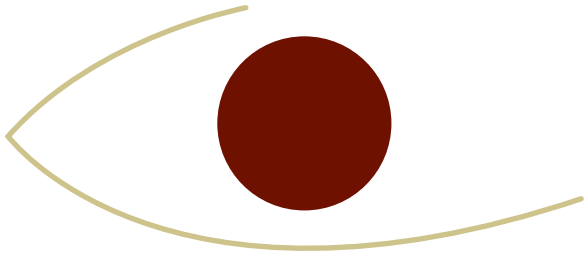
Mental health promotion is about fostering the development of positive mental health, by supporting individual resilience, creating supportive environments⁸ and addressing the influence of the broader determinants of mental health.⁹ To help inform program planning efforts to promote positive mental health, this report brings together information and data analyses that look at one way of defining it; how it has been measured; how it is linked to health; what factors are associated with high levels of positive mental health; and what strategies are, or may be, effective at promoting mental health at a population level. We are not aware of any other Canadian report that has looked at positive mental health in this manner.

CPHI's Improving the Health of Canadians Reports

CPHI's *Improving the Health of Canadians* reports aim to synthesize key research findings on a given theme, present new data analysis on an issue and share evidence on what we know and what we do not know about what works from a policy and program perspective. The underlying goal of each *Improving the Health of Canadians* report is to tell a story that will be of interest to policy- and decision-makers, non-governmental organizations and community leaders in order to advance thinking and action on population health in Canada.

Improving the Health of Canadians: Exploring Positive Mental Health is the third and final report in CPHI's *Improving the Health of Canadians* report series on mental health. The first two reports in the series, *Mental Health and Homelessness*¹⁰ and *Mental Health, Delinquency and Criminal Activity*,¹¹ looked at mental health issues among the homeless and among people involved in

delinquency or with the criminal justice system. By focusing on these two subgroups we were able to explore the complex links between mental health, mental illness and the determinants of health. Consistent with findings in other reports, we found that mental health and mental illness can be influenced by various determinants of health, including individual, physical environment, social, cultural and socio-economic characteristics.⁵ The reports' findings also demonstrate that upstream approaches that promote more positive and protective aspects related to mental health are often as necessary as strategies to address and prevent the consequences of risk factors for compromised mental health and mental illness. These findings, together with stakeholder feedback, led us to write a report that explores the concept of positive mental health.



1



1

Exploring the
Concept of Positive
Mental Health

According to 2005 data from Statistics Canada's Canadian Community Health Survey (CCHS), 37% of Canadians rate their mental health as **excellent**.¹² But what does this mean? For some, it may mean that they do not have a mental illness;¹³ for others, it could mean that they have a mental illness yet are functioning well.¹⁴ This number may also include those who are able to enjoy life and cope with life events, feel connected to others and have a sense of emotional and spiritual well-being.¹⁵ Do any or all of these conditions mean that they have "positive" mental health? If so, what does that mean for their overall health?

Reports and papers have looked at the mental illness status of Canadians,⁵ the economic burden of mental health problems¹⁶ and mental illness,¹⁷ the links between negative emotional states and physical health,¹⁸ and the links between mental illness and physical health.¹⁹ Yet, positive mental health has not been extensively covered in the literature. *Improving the Health of Canadians: Exploring Positive Mental Health* looks at the concept of positive mental health and some ways that it is currently being measured; how it is linked to health; what factors are associated with high levels of positive mental health; and what strategies are, or may be, effective at promoting positive mental health among individuals, families, specific groups and communities, and the population as a whole.

What Do We Mean by Positive Mental Health?

To understand positive mental health, there is value in briefly looking at how Canadians understand mental health, how mental health and mental health promotion are currently conceptualized and defined, and where positive mental health fits within efforts to promote mental health among the population.

Canadians' Views of Mental Health

To learn more about how Canadians define mental health, CPHI commissioned a public opinion telephone survey involving 1,840 Canadian adults to look at Canadians' views of mental health. Results showed that Canadians appear to be mixed in terms of how they define mental health. For example, 56% of Canadians thought mental health and mental illness meant "about" or "exactly" the same thing, while 40% saw the terms as representing two concepts with different meanings.¹³ When probed further, results showed that the most common definitions of mental health included a mix of terms referring to positive aspects (for example, balanced, healthy or stable mental state; ability to cope with stress; being happy) and illness-related issues (for example, having a mental illness; inability to cope with stress).¹³

When asked, as part of this survey, how they would rate their overall health and their mental health, 22% of Canadians rated their overall health as excellent and 31% rated their mental health as excellent.¹³ These proportions are consistent with responses to Statistics Canada's 2005 CCHS (Cycle 3.1), in which 22% of respondents from all provinces and territories age 12 and older rated their overall health as excellent²⁰ and 37% rated their mental health as excellent.¹² But what do people mean when they say their mental

health is excellent? Before we can fully understand what the data are telling us about how positive mental health is measured and what that means, we need to look at our current understanding of mental health as a concept and where positive mental health fits within current approaches.

Conceptualizing Mental Health From Mental Illness

Just as health involves more than the absence of a physical illness,²¹ mental health is more than the absence of a mental illness.¹ It is a component of overall health²¹ and is shaped by individual, physical environment, social, cultural and socio-economic characteristics.⁵

There are many ways of thinking about mental health—along one continuum, as two intersecting continua or as a part of models to promote overall well-being and quality of life, to name a few (see Appendix A for illustrations of the models).

- In the one continuum approach, optimal mental health represents one end, mental health problems fall somewhere in the middle and less than optimal mental health, including mental disorders, represents the other end.²² A limitation of this model is the implication that someone with a mental illness cannot experience positive mental health.²³
- The two intersecting continua approach addresses this limitation. One continuum goes from optimal to poor mental health, while the second goes from no symptoms of mental illness to serious mental illness.¹⁴ The four resulting quadrants include optimal mental health and mental illness, optimal mental health and no symptoms of mental illness, poor mental health and mental illness, and poor mental health and no symptoms of mental illness.^{23, 24} A potential limitation to this model is the notion that one is set within a quadrant.

- Another approach includes mental health within a circular model for promoting well-being and quality of life. In this approach, one part of the circle reflects the prevention, treatment and maintenance components necessary to prevent and treat mental illness. The other part reflects components of mental health promotion, including competence, resilience, empowerment and supportive environments.²⁵

There have also been more holistic approaches to mental health, using such terms as “positive psychology,” “flourishing” or “mental wellness.” These approaches move beyond a focus on mental illness toward a focus on positive aspects of mental health, well-being and functioning. For example:

- Disciplines like positive psychology focus on well-being, strengths and optimal functioning.^{26, 27} According to this view, a lack of negative states is not sufficient for well-being; further, building positive states can have positive consequences over and above the absence of negative states.²⁶ This thinking led to the development of three domains of happiness as avenues to well-being:
 - Pleasant life: positive emotions about one’s past, present and future life. It is reflected by measures of life satisfaction, happiness and subjective well-being.^{26, 28}
 - Meaningful life: serving something larger than oneself²⁸ and being committed to family, friends or community.²⁶ It is reflected by assessing people’s sense of purpose and meaning in life.²⁶
 - Good²⁸ or engaged life:²⁶ focuses on the character strengths that people possess, which in turn shape how they engage with their environment.²⁶ It is reflected by positive character strengths such as wisdom, knowledge, courage, humanity, justice, humility, forgiveness, hope and spirituality.^{26, 29} Research shows that character strengths such as these are common to many cultures.³⁰

- The “flourishing” versus “languishing” approach focuses on the multi-dimensional nature of positive mental health, including emotional well-being, psychological functioning and social well-being.^{31, 32} Research on these concepts indicates that a lack of positive mental health may have the same detrimental consequences on one’s functioning as the presence of illness.³²
- Canada’s Aboriginal Peoples look at mental health more holistically. The term “mental wellness” is an example of this holistic thinking. In a discussion document prepared by the Assembly of First Nations for comprehensive culturally appropriate mental health services in First Nations and Inuit communities, mental wellness was defined as “a lifelong journey to achieve wellness and balance of body, mind and spirit . . . [and] includes self-esteem, personal dignity, cultural identity and connectedness in the presence of a harmonious physical, emotional, mental and spiritual wellness.”³³ Mental wellness is achieved when one is in harmony with oneself and one’s surroundings; it allows individuals to function effectively and deal with new challenges.³⁴

Current definitions of mental health in part reflect the conceptual evolution of its more holistic aspects. For example:

- According to the WHO, “mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”²
- According to the PHAC, “mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”³

These more holistic definitions show that mental health is not only distinct from mental illness; they also show that achieving this type of mental health is positive mental health. Promoting positive mental health is itself a main goal of mental health promotion.

Mental Health Promotion

Mental health promotion is “the process of enhancing the capacity of individuals and communities to take control over their lives and improve their mental health. Mental health promotion uses strategies that foster supportive environments and individual resilience, while showing respect for culture, equity, social justice, interconnections and personal dignity.”³⁵ Mental health promotion is based on a recognition of and trust in people’s intrinsic resourcefulness and capacity for mental health and well-being.³⁶ It applies to all people and communities—including at-risk individuals and groups, and people living with mental illness.⁸ Consistent with this, Aboriginal Peoples see the promotion of mental wellness as a healing process that involves working with individuals, families, communities and other social structures that act to promote, sustain and restore balance and harmony.^{37, 38}

Current definitions of mental health may appear to have a primary focus on the individual. However, these definitions of mental health promotion illustrate that they actually have both an individual and broader population health perspective. Mental health involves focusing on positive concepts like empowerment and resilience⁵ and fostering people’s positive mental health development, as well as creating supportive community environments that support resilience and well-being.⁸

Operationalizing Positive Mental Health

To understand how best to support the development of positive mental health, there is value in looking at what we mean by it. The remainder of this section examines one way of operationalizing the concept of

positive mental health. For the purposes of this report, we chose to use the PHAC definition as a guiding framework⁵ to look at five potential components of positive mental health:

1. Ability to enjoy life;
2. Dealing with life’s challenges;
3. Emotional well-being;
4. Spiritual well-being; and
5. Social connections and respect for culture, equity, social justice and personal dignity.

I. Ability to Enjoy Life

*“Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our **ability to enjoy life** and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”³*

Our ability to enjoy life is one way of operationalizing positive mental health. It is commonly measured using concepts like happiness,³⁹ life satisfaction⁴⁰ and subjective well-being.⁴¹ Research shows that the factors linked to higher life enjoyment are a combination of variables related to our genetics and personality, characteristics of our life circumstances, family and social characteristics and our behaviours.

Genetics and Personality

In terms of our genetics, some researchers suggest that people have a “set point” of happiness or satisfaction, which is presumed to be genetically determined and does not change much over the course of a lifetime.³⁹ While one’s level of life enjoyment can fluctuate, it can usually revert to its original state after a period of adjustment.⁴²

Others suggest that high life enjoyment is linked to various personality types or traits, such as extroversion,^{43–45} optimism,^{46, 47} hardiness⁴⁸ and hope.⁴⁹

Life Circumstances, Family and Social Characteristics

Some studies have shown that life enjoyment is not stable, but that it can change over time.^{50, 51} Some of the elements related to these fluctuations may be associated with life circumstances or characteristics specific to family and social environments.

In terms of life circumstances, studies show a link between the following psychosocial circumstances and higher levels of life enjoyment:

- Better self-perceived health,⁵²⁻⁵⁴
- High levels of social support;^{54, 55}
- Having higher levels of trust in others;⁵⁴ and
- Feeling in control of one's life.⁵⁶

With respect to age, studies tend to show a U-shaped pattern. Life enjoyment tends to be at a similarly high level among those in their late teens and early 20s and among those 50 and older; those in the age groups in between tend to report lower life enjoyment.^{52, 53}

Studies have also looked at the link between life enjoyment and various income-related factors—findings are mixed:

- Higher levels of life enjoyment have been linked to being employed⁵³ and being more satisfied with one's work.⁴² Similarly, studies also show a link between being unemployed and lower levels of life enjoyment.^{52, 54}
- Life enjoyment can be influenced by people's income relative to that of those around them (as measured by state income per capita),⁵⁷ as well as by whether people choose to spend their money on themselves or others.⁵⁸ Individual income level also has less of an effect on life enjoyment as individuals move out of lower-income status.⁵²

- At a population level, some research shows increased happiness among wealthier nations than among poorer nations,^{53, 59, 60} other research shows mixed results in happiness during times of economic growth at the national level.^{53, 59, 60}

One explanation for these findings may reflect the inter-relationship between income and other determinants of health, such as age. For example, one study showed that satisfaction with one's financial situation increased throughout life to reach its highest point in late life, when income typically declines.⁴² Consistent with this, a review of over 30 years of research on subjective well-being showed that wealth was a factor in that it allowed for basic needs to be met; however, income became less of a factor in subjective well-being once needs had been met.⁶⁰

Research also shows a link between family-specific characteristics (such as being married,⁵²⁻⁵⁴ average or high quality of marital harmony,⁶¹ quality parenting skills,⁶² higher levels of family stability⁶³ and increased parental attachment) and increased life enjoyment, whether measured as life satisfaction or subjective well-being.⁶⁴

Outside of the family context, research also shows a link between characteristics of one's social environment, such as volunteering⁶⁵ and social support,⁵⁵ and increased life satisfaction. The role of social well-being or interconnections in positive mental health is discussed further later in this report.

Life enjoyment is partly a result of personality, but it can change over time because of life circumstances and environments.

Behaviours

Research also suggests that our level of life enjoyment can be increased by how we think and act as individuals (for example, exercising, reframing events in a more positive manner or devoting our time to meaningful causes).³⁹ A series of studies that looked at the effects of having a grateful outlook on psychological and physical well-being found more optimistic attitudes, more pro-social behaviours and more feelings of connectedness to others among those who wrote or thought about things for which to be grateful compared with control groups.⁶⁶

2. Dealing With Life Events

“Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”³

The way we cope with and grow from the challenges we face in our daily lives and in response to major life events is another means of operationalizing positive mental health. Whether looking at how we cope as individuals, as groups or as communities, the principles of actively

engaging/dealing with or distracting/disengaging oneself from dealing with a stressor are the same.

Coping With Life’s Challenges

Coping can be defined as the conscious effort individuals make in times of stress to help them regulate their emotions, thoughts, behaviours and physical health, as well as their environments.⁶⁷ These efforts may involve managing the stressful environment by engaging and actively dealing with it or the emotions related to it, or disengaging from and avoiding dealing with it.⁶⁷ Efforts may be problem-focused or emotion-focused.⁶⁸ Table 1 shows that many Canadians use coping methods that involve more active or engaging coping strategies.

Like individuals, when faced with social issues such as suicide,⁶⁹ crime or large-scale events such as natural disasters and unemployment,⁷⁰ communities tend to cope in similar ways and show similar variation in outcomes. Coping responses may include pooling resources and mobilizing together to confront adversity^{69, 70} or disengaging and becoming apathetic or angry.⁷¹ Active responses may result in positive outcomes or underlie the resiliency of couples, families, groups and communities.⁷⁰

Table 1
Coping Methods, Population 15 Years and Older, 2002

	Coping Method	Percentage of Population 15 Years and Older Who Report “Often” Using the Given Coping Method to Deal With Stress
Engaging	Problem-solving	75%
	Talking to others	48%
	Praying or via spirituality	24%
	Exercising	14%
Disengaging	Using food or substances (such as alcohol, drugs or tobacco)	23%
	Avoiding (sleeping or avoiding people)	11%

Note
Responses are not mutually exclusive.

Source
Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

Growing From Life's Challenges: Resilience and Finding Positive in the Negative

Resilience refers to the ways in which some people facing adversity seem to deal with certain challenges with little or no apparent change in their daily functioning and development.^{72, 73} Some definitions of resilience focus on how individuals positively adapt⁷⁴ or avoid negative events and trajectories.⁷⁵ Others move beyond the individual to reflect a dynamic process and interaction of risk and protective factors at multiple levels, including the individual, family/relationship, system or community, and cultural levels.^{74, 76} Within this perspective, “resilience is the capability of individuals and systems (families, groups, communities) to cope successfully in the face of significant adversity or risk. This capability develops and changes over time, is enhanced by protective factors within the individual/system and the environment, and contributes to the maintenance or enhancement of health.”⁷⁷ Factors that influence resilience may be a risk or a protective factor, depending on various circumstances⁷⁶ and may also have a greater cumulative impact over time.⁷⁸

Another way of looking at resilience is in terms of how people navigate (seek out help) and negotiate with family, community and culture for meaningful resources to cope.⁷⁹ This perspective arose out of a Canadian-led project involving over 1,500 youth from 14 communities in 11 countries.⁷⁹ Results showed that youth’s successful management of adversity was contingent on how they navigated or negotiated the following:

- Having available material resources and opportunities and access to them;
- Having connections to family, peers and community;
- Having a sense of purpose and identity;
- Having the ability to effect change in one’s circumstances;
- Adhering to cultural practices, values and beliefs;
- Ensuring social justice through meaningful roles in the community and social equality; and
- Connecting with one’s larger surroundings.⁸⁰

In addition to looking at the concept of resilience, researchers are increasingly discussing adversity, challenges and struggles as contexts for positive consequences, growth and change. Life can be seen as an ongoing and dynamic process; in this context, when people are exposed to risk and both positive and negative experiences, they can be strengthened against future adversity.⁷⁵ Authors suggest that one key in doing this is to determine what supports people need as individuals and communities as a whole to facilitate growth from negative circumstances and adversity.⁸ For some, such as people with high levels of maturity, this may involve finding meaning in and growing from life transitions and experiences.⁸¹ In addition, developing the skills and knowledge to confront problems and expand their resources,⁸² as seen through effectively mobilizing individual and social resources in the face of a threat, can help people reach a higher level of functioning.⁸³

Coping and resilience are not about avoiding change or adversity but rather supporting people to grow from and engage with all life events.

3. Emotional Well-Being

*“Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a **positive sense of emotional and spiritual well-being** that respects the importance of culture, equity, social justice, interconnections and personal dignity.”⁸³*

“Emotional intelligence” is a concept that expands the notion of emotional regulation and involves a number of skills or competencies, including the following:

- Reflective regulation of emotions (for example, staying open to and managing both positive and negative feelings);
- Understanding and analyzing emotions (for example, interpreting meaning that emotions convey);

Emotional well-being involves experiencing positive emotions and regulating them in such a way that benefits are maximized and potential negative aspects are limited.

As a component of positive mental health, having a positive sense of emotional well-being can be looked at as both the experience of emotions and as the regulation of emotions. Examples of positive emotions include joy, interest, contentment and love.¹²⁷ Emotional regulation is based on the goal of regulating how people experience emotion to maximize its benefits and limit any potentially destructive aspects. This is done by changing the way people think about the circumstances that elicit emotion or changing the way people express emotions.⁸⁴

- Emotional facilitation of thinking (for example, thoughts are prioritized by emotions); and
- Perception, appraisal and expression of emotions (for example, identifying emotions in oneself and others).⁸⁵

4. Spiritual Well-Being

“Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

*It is a **positive sense of emotional and spiritual well-being** that respects the importance of culture, equity, social justice, interconnections and personal dignity.”⁸³*

Another component of positive mental health is having a sense of spiritual well-being, often described as feeling connected to something larger than oneself and having a sense of purpose and meaning in life. Research related to spirituality often involves two main perspectives that are not mutually exclusive and may overlap in many ways:

- Experience of spirituality through religion, which could include involvement in religious practices, beliefs, affiliation and attendance,⁸⁶ or the expression of beliefs through conduct, ritual and organized worship and fellowship;⁸⁷ or

- Spirituality as something holistic, beyond religious practices and beliefs, which includes broader values and principles that give meaning to life.⁸⁶

In addition to having a set of values, beliefs or practices,⁸⁸ within the literature there are common elements to the wide-ranging nature of spirituality:

- Searching for and finding truth, meaning and purpose in life; and
- Developing and maintaining relationships and feelings of connectedness to oneself, others and a higher power or something larger than oneself.^{86, 87, 89}

Spiritual well-being can involve religious practices as well as the broader values and principles that give meaning to life.

5. Social Connections and Respect for Culture, Equity, Social Justice and Personal Dignity

“Mental health is the capacity of each and all of us to feel, think, and act in ways that enhance our ability to enjoy life and deal with the challenges we face. It is a positive sense of emotional and spiritual well-being that respects the importance of culture, equity, social justice, interconnections and personal dignity.”³

The final component of the PHAC definition used to operationalize positive mental health for the purposes of this report speaks to respect for culture, equity, social justice, interconnectedness and personal dignity in mental health.⁵ In Health Canada’s *Mental Health for Canadians: Striking a Balance*, the first national publication to indicate that mental health promotion was distinct from the treatment of mental illness, these components were positioned as a reflection of societal values, particularly a desire for equality among people, the freedom to pursue goals and make choices, and the equitable distribution and exercise of power and social responsibility.¹⁴

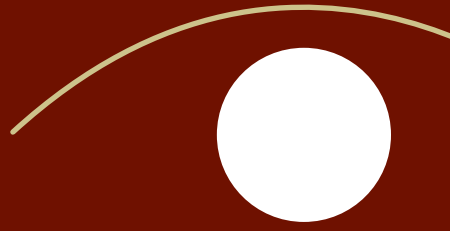
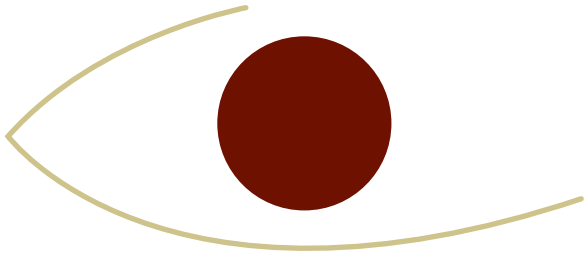
challenges the ability of individuals, groups and environments to interact in an effective and equitable manner can be seen as barriers to positive mental health.¹⁴ Further, the presence and quality of social connections in the environments in which we live,^{37, 91} learn,⁹² work⁹³ and play⁹⁴ are related to various mental health outcomes and other areas that themselves contribute to positive mental health. These findings are consistent with research which shows that a number of social, ecological, economic and political processes can influence a population’s mental health.⁹⁵

While these definitions and reports see respect for equity, culture and social justice as parts of mental health, they are areas for which the literature base, particularly as related to mental health, is under-developed. However, they are areas for which attention is emerging, particularly in the fields of economics, sociology, social epidemiology and political science. Within these fields, while the literature is focused on health and not mental health, it addresses many of the determinants of mental health such as race, social support, income and housing.

Mental health can flourish in environments that are safe, just and equitable, and that foster quality connections.

Consistent with this, authors of a chapter in the WHO report, *Promoting Mental Health: Concepts, Emerging Evidence, Practice*, noted that an environment that is safe and able to meet people’s basic needs is an environment in which mental health can flourish.⁹⁰ Whatever

In summary, using the PHAC definition as one potential framework for looking at the concept of positive mental health, we have brought together the available literature that seeks to operationalize the multiple components that can make up this concept.



2



2

Exploring Positive Mental Health: How Do We Measure It?

From the information presented to this point, we can see that there can be many dimensions to positive mental health. For the purposes of program planning, it is important to understand how we look at mental health and positive mental health as concepts, as well as how we measure and analyze data on positive mental health. A scan of the literature indicates that there is much variation in the ways in which positive mental health is measured: at present, positive mental health is not measured in a standardized way in international or pan-Canadian surveys.

Measures and Indicators Internationally

Internationally, a number of positive mental health-related measures have been used or developed. For example:

- Using data from the World Values Survey, one report combined single questions on life satisfaction and happiness to obtain a subjective well-being measure.⁵¹
- The “happy–life expectancy” measure, which is interpreted as the number of years people live happily, is computed by multiplying standard life expectancy by survey data on happiness.⁹⁶
- In the United States, a complex measure has been developed to look at positive “symptoms” in much the same way as negative symptoms have been used to diagnose mental illness.³¹ “Flourishing,” or having complete mental health, consists of having a high level of at least one emotional well-being symptom and a high level on six or more psychological or social well-being symptoms. Having lower levels of these symptoms is described as “languishing.”³¹
- The Affectometer 2 scale, used in Scotland’s Health Education Population Survey in 2002 and 2005, consisted of both positive and negative statements, such as “I like myself,” “My future looks good,” “My life seems stuck in a rut” and “I feel like a failure.”⁹⁷ Scotland then developed the Warwick-Edinburgh Well-Being Scale (WEMWBS) to measure mental health indicators.^{97, 98} Using positively worded items only, it asked respondents about their recent feelings of optimism, relaxation, interest in others, being loved and feeling confident.⁹⁸
- As part of a more comprehensive health monitoring system, the European Union has worked to develop a minimum data set of mental health indicators.⁹⁹ The indicators include a number of domains, such as subjective experience and positive mental health.⁹⁹

- The European Union has also administered the Eurobarometer Survey to its member states. The survey includes questions on topics such as positive mental health (experience of energy and vitality) and the availability of social support.¹⁰⁰

Measures and Indicators in Canada

Data on positive mental health have been collected in a number of ways in Canada. Examples of measures collected or researched as parts of Canadian studies have included the following:

- Previous CPHI research has examined measures of self-motivation, self-esteem, emotional capability, stress management and adaptability, using 2004–2005 data from the National Longitudinal Survey of Children and Youth (NLSCY).¹¹
- Researchers have conducted secondary analyses of mental health indicators from the 1994–1995 National Population Health Survey (NPHS), including self-esteem, sense of mastery, sense of coherence or psychological well-being and happiness.¹⁰¹
- The concept of well-being has been a component of Statistics Canada’s and CIHI’s Health Indicators Framework since its inception in 1999.¹⁰² As part of this framework, well-being has been measured and tracked over time primarily by measures of self-rated health, self-rated mental health and self-esteem.^{ii, 103}
- Various cycles of Statistics Canada’s CCHS have included measures related to positive mental health. For example:
 - The Bradburn Affect Balance Scale contains questions about positive and negative psychological reactions to daily events. It was collected as part of the 2000–2001 Canadian Community Health Survey (CCHS).¹⁰⁴

ii. As noted in the 2006 issue of *Health Indicators*, data on self-esteem were available at the provincial or territorial level or for a limited number of health regions only.

- Self-rated mental health and a psychological well-being scale, as well as questions on spirituality and coping, were included in the CCHS (Cycle 1.2) on mental health in 2002.¹⁰⁵
- Life satisfaction was collected as part of the CCHS (Cycle 3.1) in 2005. This cycle also marked the first time that self-rated mental health was used as an indicator.¹⁰⁶

Self-Rated Mental Health as a Measure of Positive Mental Health

As noted, data on self-rated mental health have been collected as part of the CCHS. Recent data indicate that 28% of Canadians age 15 and older (in the provinces only) rated their mental health as excellent in 2002;¹⁰⁷ in 2005, 37% of Canadians age 12 and older (in the provinces, territories and health regions) rated their mental health as excellent.¹² However, is self-rated mental health—in particular, are responses of “excellent” self-rated mental health—representative of positive mental health as measured by one or all of the five components discussed to this point? To answer this question, we looked at how respondents’ self-rated health, mental health and life satisfaction ranked at the province level. In this case, life satisfaction is used as a proxy for positive

mental health. As discussed previously, life satisfaction is one common measure of life enjoyment, which is itself a dimension of positive mental health.ⁱⁱⁱ Data from the 2005 CCHS (Cycle 3.1) suggest that high levels of self-rated health and self-rated mental health may not provide an accurate or complete representation of positive mental health, as measured by life satisfaction. Table 2 shows that provinces where respondents report high self-rated health and high self-rated mental health are not necessarily the same provinces where respondents report high life satisfaction. For example:

- Quebec has a significantly higher proportion of respondents with both excellent self-rated health and self-rated mental health than does Canada overall, and it ranks highest among provinces and territories. However, it ranks eighth in rates of reported high life satisfaction.
- Prince Edward Island and Nova Scotia are significantly more likely to report high life satisfaction than is Canada overall. The Yukon ranks first in life satisfaction but the difference is not significantly higher than in Canada overall. Following the Yukon, P.E.I. and Nova Scotia rank second and third in life satisfaction in Canada, respectively. However, in terms of excellent self-rated mental health, P.E.I. (not significantly different than Canada overall), Nova Scotia and the Yukon rank 7th, 9th and 10th, respectively.

iii. In the 2005 CCHS survey, positive mental health–related questions on other constructs such as happiness, self-esteem or psychological well-being were not asked or available for the entire population.

Table 2
 Excellent Self-Rated Health, Excellent Self-Rated Mental Health and High Life Satisfaction Across Canada by Province, Population 12 Years and Older, 2005

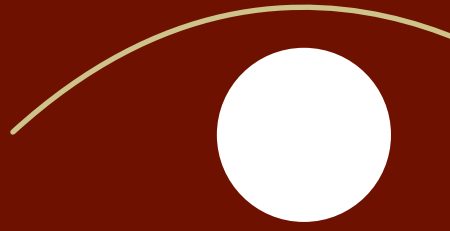
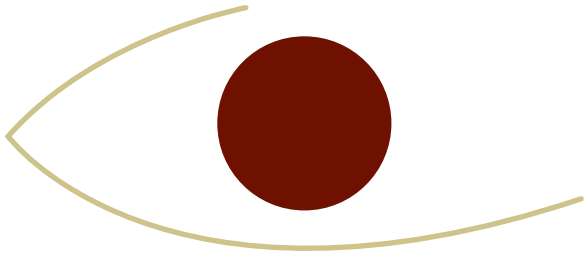
	Excellent Self-Rated Health		Excellent Self-Rated Mental Health		High Life Satisfaction	
	Percent	Rank	Percent	Rank	Percent	Rank
Newfoundland and Labrador	19.0*	8	38.8	2	38.2	6
Prince Edward Island	17.8*	11	34.4	7	41.5*	2
Nova Scotia	17.2*	12	33.1*	9	40.6*	3
New Brunswick	16.9*	13	32.5*	12	38.5	5
Quebec	23.4*	1	40.7*	1	38.2	8
Ontario	22.0	4	37.5	3	38.2	7
Manitoba	20.8	7	34.0*	8	36.1*	11
Saskatchewan	18.5*	10	33.0*	11	36.3*	10
Alberta	21.8	5	35.4*	5	39.6*	4
British Columbia	22.3	2	34.9*	6	37.6	9
Yukon	18.6	9	33.0*	10	42.3	1
Northwest Territories	21.0	6	37.0	4	33.4*	13
Nunavut	22.2	3	32.0	13	34.6	12
Canada	21.9		37.2		38.2	

Notes
 * Significantly different than Canada at p<0.05.
 Rankings are based on unrounded percentages to two decimal places.
Self-Rated Health: Question asks respondents to rate their overall health as excellent, very good, good, fair or poor, and prompts them to think of health as not only the absence of disease or injury but also as physical, mental and social well-being.¹⁰⁶
Self-Rated Mental Health: Question asks respondents to rate their mental health as excellent, very good, good, fair or poor.¹⁰⁶
Life Satisfaction: Question asks respondents how satisfied they are with their life in general: very satisfied, satisfied, neither, dissatisfied or very dissatisfied.¹⁰⁶
Source
 Canadian Community Health Survey (Cycle 3.1, 2005), Statistics Canada.

Similar results are seen when looking at self-rated physical health, self-rated mental health and life satisfaction at the city level. CPHI analyses of 2005 CCHS data show that across 27 census metropolitan areas (CMAs), rates of life satisfaction are higher than for excellent self-rated health (analyses not presented here). For example:

- In Saint John, New Brunswick, 46% reported high life satisfaction, yet only 16% reported excellent self-rated health.
- In Vancouver, British Columbia, 35% reported high life satisfaction, yet 23% reported excellent self-rated health.

As noted previously, this may be a reflection of the fact that how we measure the various dimensions of positive mental health is just as varied as the ways in which positive mental health is defined or operationalized. It is difficult to answer a question when we are not clear or differ in our views of what the question is asking. This may speak to the need for more public awareness of positive mental health as a construct that is distinct from mental illness. It may also be a reflection of the varied ways in which positive mental health can be linked to health.



3



3

Exploring the Role of Positive Mental Health in Health

Research presented to this point shows that, as a concept, **positive mental health has a variety of dimensions** and a variety of ways in which it can be measured. Consistent with holistic views of health, it also has a variety of potential links to health.

Links Between Positive Mental Health and Health

Research presented in a chapter of the WHO's report, *Promoting Mental Health: Concepts, Emerging Evidence, Practice*, showed that there are numerous multi-directional links between positive mental health, mental illness, physical illness and positive physical health (see Figure 1 for illustration).⁹⁰

Positive mental health can be an outcome in and of itself.⁹⁰ For example, higher positive mental health (using variables such as life satisfaction, mood and subjective and psychological well-being) is associated with being a friend to others¹¹¹ and being able to trust others,¹¹² neighbours and police.⁵⁴

It can also be a factor linked to various health-related outcomes. For example, emotions have been linked to reduced mortality¹²⁹ and lower blood pressure.¹³⁰

Further, many of the dimensions of positive mental health are themselves inter-related. If one were to use social support as a measure of social well-being, research shows that

having more social support can reduce the negative effects of stress¹⁰⁸ or trauma,¹⁰⁹ increase life satisfaction⁵⁵ and reduce cognitive decline later in life.¹¹⁰

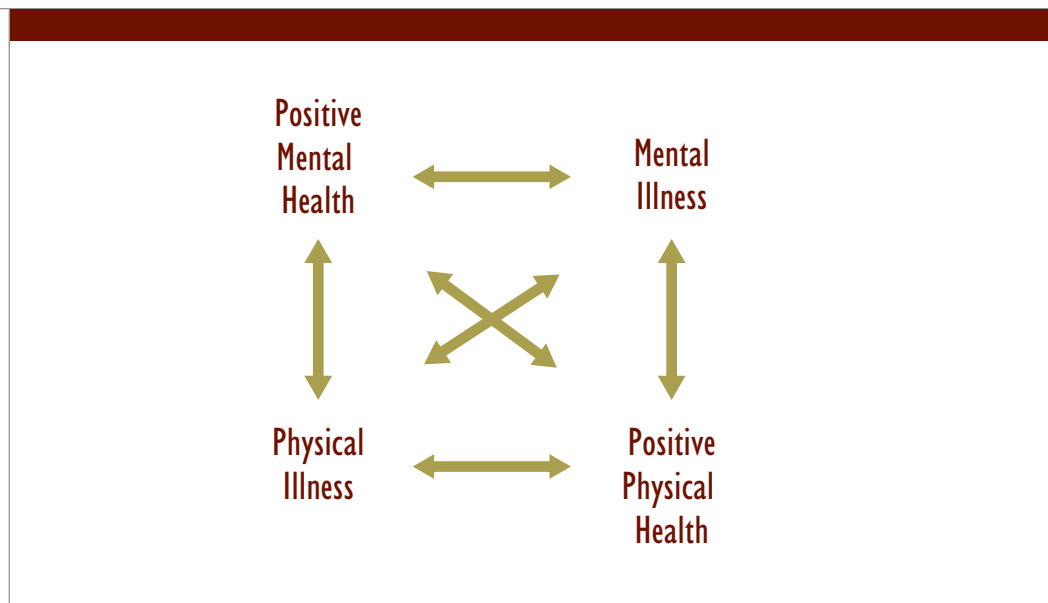
Using the components of positive mental health outlined in the PHAC definition, the remainder of this section looks at the complex and multi-directional aspects of positive mental health in health, including the characteristics that are associated with having high levels of positive mental health.

Ability to Enjoy Life

Life enjoyment has been associated with a number of issues related to societal-level variables, cultural perspectives and feelings of connectedness.

With respect to societal-level variables, international research shows an association between improved well-being and quality governance, effective social and political institutions and low corruption,⁵² as well as between life satisfaction and civic engagement.⁵⁴ A study of happiness survey data from 60 countries also showed an association between a higher involvement

Figure 1
Links Between Positive Mental Health and Mental Illness and Positive Physical Health and Physical Illness



Source
Reproduced from B. Raphael et al. "Links Between Mental and Physical Health and Illness," in *Promoting Mental Health: Concepts, Emerging Evidence, Practice*, eds. H. Herrman, S. Saxena and R. Moodie (Geneva, Switzerland: World Health Organization, 2005), p. 132–147.⁹⁰

of women serving in politics and increased happiness among the populations studied;¹¹⁴ however, conclusions regarding causality cannot be drawn as it is difficult to determine if happiness was associated with the higher involvement of women itself, to societal values that support women serving in politics, to other societal-level factors that may not have been analyzed or considered or what the level of happiness was prior to the higher involvement of women.¹¹⁴ Another study found that higher tolerance as a society for differences among groups was related to freedom of choice, which itself was related to subjective well-being.⁵¹

Similar to this body of research, respecting cultural differences is also a key theme underlying the views of health and mental wellness held by Aboriginal Peoples. Within this view, health and mental wellness involve aspects related to the physical, mental, emotional and spiritual well-being of the individual¹¹⁵ (for example, achieving a sense of wellness and balance among the interconnected aspects of human nature related to mind, body, spirit and heart; a commitment to whole health within leadership and governance activities; empowerment; an understanding of how the past, present and future are related; and connectedness between cultures).³⁷

Life enjoyment, whether measured as life satisfaction, happiness or psychological well-being, has also been linked to social well-being, particularly in the family, school, work and community settings.

- Various family-related factors are associated with positive mental health. For example, early childhood experiences can have long-lasting effects on an individual's mental health.³⁶ Among adolescents, greater family cohesion,⁹¹ higher levels of family stability,⁶³ increased parental attachment⁶⁴ and authoritative parenting style (for example, supervision, support and granting psychological autonomy)⁶² have been associated with increased

subjective well-being, life satisfaction, psychological well-being and more active coping skills. Finally, as noted previously, being married is associated with happiness, psychological well-being and life satisfaction.^{52, 54, 61} Life satisfaction is also related to having an average or higher level of marital harmony.⁶¹ Consistent with this, among Aboriginal Peoples, health and mental wellness involve a sense of mutual support, as well as respect for differences and developmental needs among loved ones and family.³⁷

- Within the school setting, feeling connected to school and having positive peer connections are associated with positive health outcomes such as a high level of self-worth.⁹²
- Within the workplace, positive mental health is not measured directly; most measures are of job satisfaction. Factors linked most consistently to higher levels of job satisfaction include the quality of employment-related relationships⁹³ and the presence of trust in management.¹¹⁶ Other factors include balance between control and job demands or decision latitude;¹¹⁷ having the appropriate resources to perform one's duties; working in a healthy, safe and supportive environment;⁹³ family-friendly practices such as flex-time;¹¹⁸ and interesting work that requires skills⁹³ and involves a variety of tasks.¹¹⁶
- Within the community setting, research shows a link between feeling connected to one's community and mental health.
 - People with a very strong sense of community belonging are more than twice as likely to report very good or excellent self-perceived mental health.⁹⁴
 - Volunteering has been linked to high self-worth among youth⁹² and to increased happiness, sense of mastery, life satisfaction and self-esteem.⁶⁵

Dealing With Life Events

Research shows an association between coping strategies and better positive mental health outcomes, including improved emotional and psychological well-being,^{67, 119–123} increased feelings of control and purpose¹²⁴ and higher life satisfaction.¹²⁵

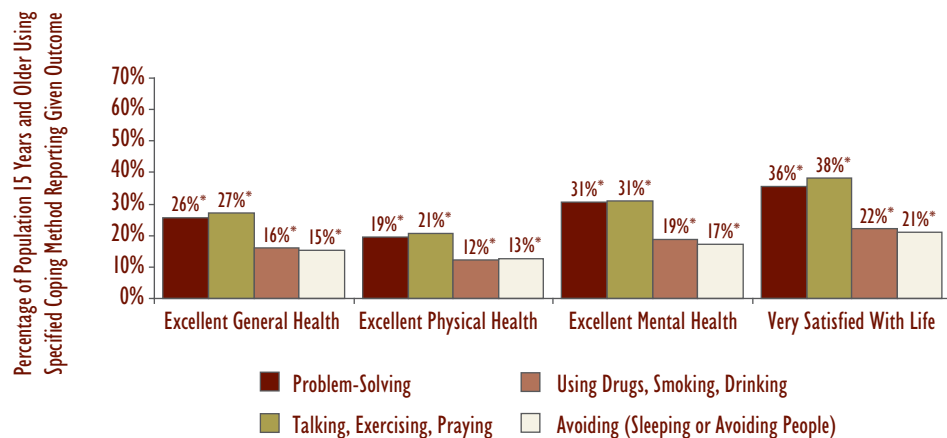
Coping strategies linked to positive mental health outcomes often incorporate finding positive meaning in life events, such as:

- Reframing a stressful event in more positive terms;¹²⁶
- Focusing efforts on managing the problems causing distress^{67, 126} or disengaging from—or letting go of—unrealistic goals and re-engaging in new ones;^{120, 124}
- Coping through the use of spiritual beliefs;¹²¹ and
- Being able to take a non-judgmental, kind and compassionate attitude toward one’s problems and inadequacies.¹²²

Consistent with this, new CPHI analyses of data from the CCHS 1.2 (2002) show that people who report often coping by using “engaging” methods such as problem-solving have higher levels of excellent self-rated general, physical and mental health, as well as higher levels of being very satisfied with life than those who tend to cope by using avoidance or drugs or who smoke and drink (see Figure 2). Other CPHI analyses (not presented here) show that individuals who report coping by problem-solving or talking to someone, praying or exercising are more likely to report high levels of self-rated general, physical and mental health, as well as higher levels of being satisfied with life than those who report rarely or never using these strategies. In contrast, individuals who often cope by disengaging (using drugs, smoking, drinking or avoidance) show poorer outcomes than those who rarely or never cope in these ways.

Figure 2

Percentage Reporting Positive Health Outcomes by Type of Coping Strategy, Population 15 Years and Older, 2002



Notes

* Significantly different than those rarely or never using the specified coping methods at p<0.05. Coping by talking to others, exercising and praying are combined into active coping strategies.

Source

CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

Emotional Well-Being

Experiencing positive emotions and an improved ability to regulate, express and use emotions have been linked to improved outcomes in areas related to mental health, social relationships and physical health. They have also been linked to positive mental health at both the individual and social/community levels.

Research shows that when individuals feel positive emotions, they tend to have broader thoughts and actions, which can lead to increased growth in physical, intellectual and social resources.¹²⁷ Researchers have looked at both emotions and affect (that is, moods and emotions together)⁶⁰ in relation to health-related outcomes. Using different measures and populations, the following have been linked to emotions and affect: better coping,¹²⁸ reduced mortality,¹²⁹ lower blood pressure,¹³⁰ reduced risk of diagnoses of hypertension¹³¹ and better future self-assessed health,¹³² to name a few.

Research also shows an association between a person's ability to regulate and reappraise emotions and various outcomes related to mental health (such as more positive emotions, fewer negative emotions, a greater sense of connectedness and higher life satisfaction)⁸⁴ and to physical health (such as lower pain intensity among older adults living in geriatric facilities).¹³³ A large-scale review found that the following characteristics were linked to higher emotional intelligence: better social relations for children and adults,

being perceived more positively by others, better family and intimate relationships, better academic achievement, more success at work and better psychological well-being.¹³⁴

Spiritual Well-Being

Among adults, spirituality has been linked to wisdom, well-being from personal growth and involvement in tasks that are creative and involve knowledge-building.¹³⁵ Among youth, the perceived positive influence of spirituality on mental health included serving as a source of strength and inspiration, and as a means for coping with life, growing from adversity and challenges, finding meaning or purpose and experiencing personal growth and well-being.¹³⁶

Studies involving a variety of populations show links between religious beliefs and practices and positive mental health outcomes, including better overall mental health,¹³⁷ life satisfaction,^{52, 138} happiness,^{53, 138} hopefulness, optimism, purpose, meaning,¹³⁸ involvement in social and community service¹³⁵ and social support.^{138, 139}

A similar pattern is seen when looking at health-related outcomes. Religious beliefs and practices have been associated with lower mortality rates,¹⁴⁰ better health practices¹³⁹ and, in some cases, fewer mental illness symptoms and disorders^{138, 139} and lower rates of delinquency and criminal activity.¹³⁸

CPHI Analyses of Links Between Positive Mental Health and Health

Results from new CPHI analyses conducted for this report are consistent with previous research regarding the links between positive mental health and health. Using questions from Statistics Canada’s CCHS on mental health and well-being (Cycle 1.2, 2002), CPHI derived five measures of positive mental health based on the components of positive mental

health outlined in the PHAC definition used as a framework for this report’s structure³ (See Table 3 for specific questions and definitions).^{iv}

Overall, analyses show that people reporting higher levels of positive mental health are less likely to self-report adverse health outcomes (as measured by mental illness and reduced activity in the previous two weeks) and more likely to self-report positive health outcomes (as measured by excellent self-rated physical health and mental health) than are people who report low or moderate levels of positive mental health (see Table 4).^v

Table 3
Positive Mental Health Variables, Population 15 Years and Older, 2002

<p>Life Enjoyment: How often in the last month did respondents enjoy life, have good morale, find life exciting, smile easily?</p>	<p>High (30%): “almost always” to all four questions. Moderate (36%): responses of “frequently” or better to all four questions. Low (33%): all other responses.</p>
<p>Coping Ability: Ability to handle day-to-day demands and unexpected problems (excellent, very good, good, fair, poor).</p>	<p>High (24%): reported at least “very good” to both and said “excellent” to at least one. Moderate (64%): “good” or better to both questions. Low (12%): any other combination.</p>
<p>Emotional Well-Being: How often in the last month did respondents feel emotionally balanced, at peace with self, pride in self, self-confident?</p>	<p>High (24%): “almost always” to all four questions. Moderate (37%): responses of “frequently” or better to all four questions. Low (39%): all other responses.</p>
<p>Spiritual Values: Do spiritual values play an important role in your life (yes/no), and do spiritual values help find meaning in life (a lot, some, a little, none)?</p>	<p>High (33%): responses of “yes” and “a lot” to the two questions, respectively. Moderate (29%): responses of “yes” and “a little” or better to the two questions. Low (37%): “no” and “not at all” responses.</p>
<p>Social Connectedness: How often in the last month did respondents say they got along well with others, listened to friends?</p>	<p>High (45%): “almost always” to both questions. Moderate (39%): “frequently” or better to both questions. Low (16%): any other combination.</p>
<p>Note High positive mental health is defined as consistently reporting high levels of positive mental health to more than one related question.</p> <p>Source CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.</p>	

- iv. See complementary methodology paper, available for download from CPHI’s website, for additional information on the CCHS, how questions were selected and how response categories were developed and analyzed. These measures are not presented as recommended measures; rather, they are used to explore different possible components of positive mental health and their associations.
- v. Responses of “excellent” and “almost always” were the focus in the analyses, as opposed to “average” or “good.”

Table 4
 Percentage
 Self-Reporting
 Adverse
 Health
 Outcomes and
 Positive Health
 Outcomes
 by Level of
 Positive Mental
 Health,
 Population
 15 Years and
 Older, 2002

Positive Mental Health Measure	Adverse Health Outcomes		Positive Health Outcomes	
	Self-Reported Mental Illness	Self-Reported Reduced Activity	Excellent Self-Rated Physical Health	Excellent Self-Rated Mental Health
Life Enjoyment				
High	7%*	10%*	26%*	44%*
Moderate	12%*	12%*	18%*	28%*
Low	28%*	18%*	10%*	14%*
Coping Ability				
High	9%*	11%*	31%*	50%*
Moderate	15%*	13%*	15%*	23%*
Low	36%*	21%*	8%*	10%*
Emotional Well-Being				
High	6%*	9%*	28%*	47%*
Moderate	10%*	11%*	19%*	31%*
Low	28%*	18%*	10%*	13%*
Spiritual Values				
High	14% [†]	13%	18%	31% [†]
Moderate	16%	13%	17%	25%
Low	17%	13%	18%	27%
Social Connectedness				
High	11%*	12%	21%*	36%*
Moderate	16%*	13%	16%*	24%*
Low	29%*	18% [‡]	11%*	14%*

Notes

* Pairwise comparisons significantly different at $p < 0.05$.

[†] Significantly different than moderate and low levels at $p < 0.05$.

[‡] Significantly different than high and moderate levels of reported positive mental health outcomes at $p < 0.05$.

Source

CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

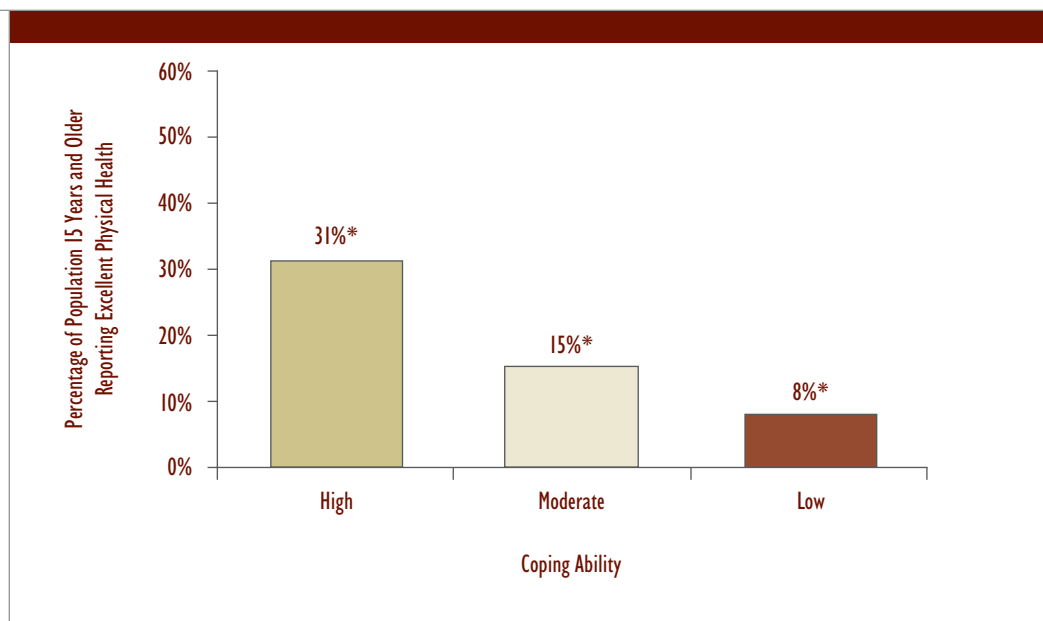
More specifically, people reporting high levels of life enjoyment, coping ability and emotional well-being are less likely to report being diagnosed with or having symptoms of mental illness and reduced activity in the previous two weeks than are people who report low and moderate levels; they are also more likely to report excellent self-rated health and excellent self-rated mental health. A similar pattern is seen when comparing people who report moderate levels of these positive mental health measures with people who report low levels. Additional findings of interest presented in Table 4 include the following:

- Rates of reported mental illness decrease as levels of life enjoyment, coping ability and emotional well-being increase.
- The largest difference in rates of reported mental illness is seen for coping ability—36% with low coping ability report mental

illness, compared with 9% of people with high coping ability.

- Rates of reduced activity among people with low levels of coping ability (21%) and emotional well-being (18%) are almost double the rates of reduced activity among people with high levels of coping ability (11%) and emotional well-being (9%).
- Excellent physical health is reported by 31% of respondents with high coping ability, compared with 15% with moderate levels and 8% with low levels (see Figure 3).
- More detailed analyses (not presented here) show that coping ability is most strongly linked to both excellent self-rated physical health and excellent self-rated mental health, when considered in combination with the other four positive mental health measures.

Figure 3
Percentage Reporting Excellent Physical Health by Level of Coping, Population 15 Years and Older, 2002



Note

* Pairwise comparisons significantly different at $p < 0.05$.

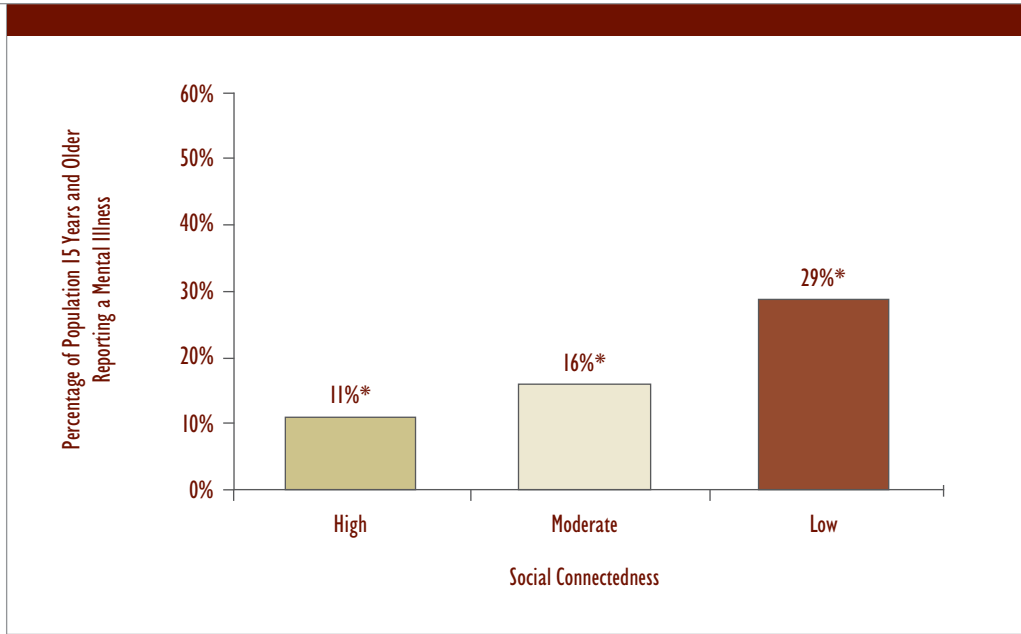
Source

CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

Analyses also show that people who report a high level of social connectedness are less likely to report mental illness and more likely to report both excellent self-rated health and excellent self-rated mental health than are people with low and moderate levels. People with low levels of social connectedness report significantly higher reduced activity than people with moderate and high levels.

Although reported mental illness is higher among people with lower social connectedness (29%), these analyses do not mean to imply that people with a mental illness cannot or do not experience positive mental health; on the contrary, analyses illustrate that just over 1 in 10 respondents (or 11%) with high social connectedness report having a mental illness (see Figure 4).

Figure 4
Percentage Self-Reporting Mental Illness by Level of Social Connectedness, Population 15 Years and Older, 2002



Note
 * Pairwise comparisons significantly different at $p < 0.05$.

Source
 CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

Less consistent findings were found for spiritual values. Compared with people with low and moderate levels of spiritual values, people who report a high level are both less likely to report mental illness and more likely to report excellent self-rated mental health.

Across all five positive mental health measures used as the framework for this report, analyses show a higher proportion of people reporting excellent self-rated mental health among people with high levels. This is not meant to imply that people with low levels of positive mental health do not experience excellent self-rated mental health—percentages are simply lower. For example, 14% of respondents with low social connectedness reported excellent self-rated mental health. As previously noted, it is difficult to determine what it means in terms of positive mental health when respondents report having excellent self-rated mental health. This finding further illustrates that.

From the information presented to this point, we now have an understanding of how positive mental health can be defined, how it is currently measured and where current measurement maybe limited, and the role it can paly in health. While this

information can be of value in program planning, there is additional value in knowing what characteristics are associated with people who report high levels of these various positive mental health dimensions. Findings from CPHI analyses that looked at these characteristics and associations are presented next.

Characteristics Associated With High Levels of Positive Mental Health

Research shows that a number of social, ecological, economic and political processes can influence a population's mental health.⁹⁵ Consistent with this research, CPHI analyses show that there are differences in the social and demographic characteristics of people who report high levels of positive mental health, as shown by such characteristics as where people live, their age, sex, education, income, marital status, living arrangement, culture, sense of community belonging and religious service attendance.

Geographic Location

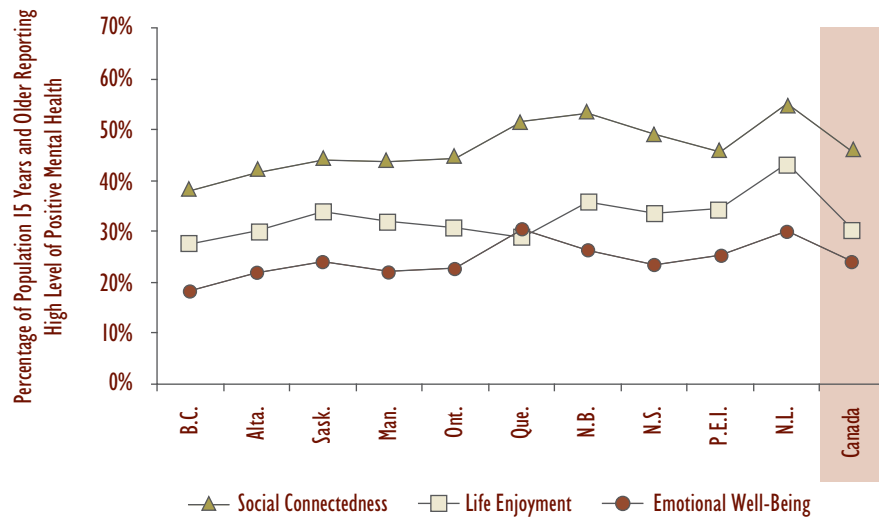
Figure 5 illustrates the proportion of people reporting high levels of life enjoyment, emotional well-being and social connectedness across Canada. Findings of interest include the following:

- British Columbia rates significantly lower than Canada for all three outcomes.
- Respondent rates in Newfoundland and Labrador are significantly higher than rates for Canada for all three outcomes.
- Coping ability and spiritual values tend to remain at a consistent level across the country.

See Appendix B for rates and significance for each positive mental health outcome by province.

Analyses also looked at the odds of having high levels of the five positive mental health outcomes at the provincial level. Compared with Newfoundland and Labrador, high life enjoyment and high social connectedness were lower in all of the provinces, while high spiritual values was higher. With the exception of Quebec, for which the odds were higher, high coping ability and high emotional well-being were lower in all of the provinces (see Appendix C for values and significance). Analyses took into account factors such as age, income adequacy, education, marital status, community belonging, available support, religious attendance, physical health, stress and presence of mental illness. Of note, these analyses did not examine possible interactions that could be contributing to some differences, or at regional-specific factors, such as employment rates.

Figure 5
Percentage Reporting High Levels of Life Enjoyment, Emotional Well-Being and Social Connectedness by Province, Population 15 Years and Older, 2002



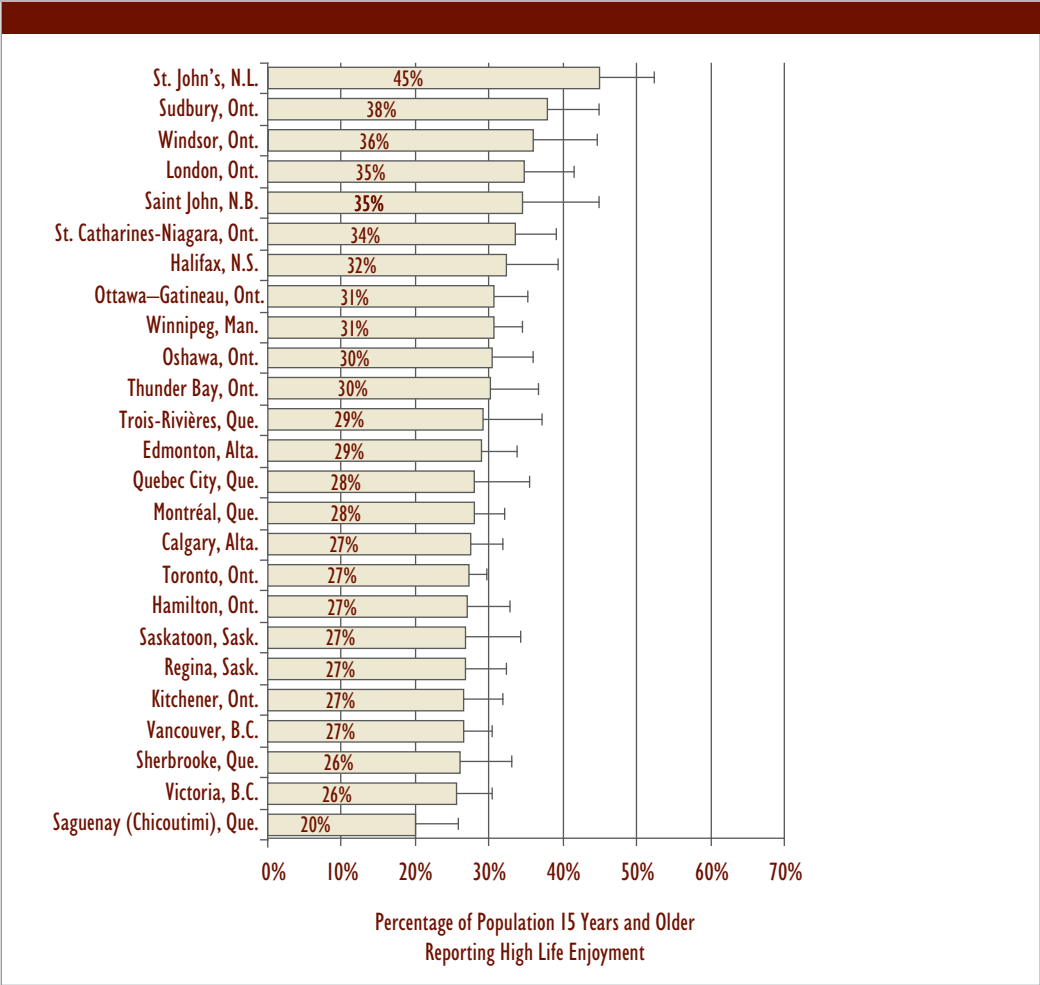
Source
 CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

Differences between Canada’s largest cities can be as big as, or bigger than, differences between provinces. Variations at the provincial level may mask variations at smaller levels of geography.¹⁴¹ As such, analyses also looked at differences in positive mental health at the level of the census metropolitan area (CMA).

(Chicoutimi), Quebec. St. John’s also ranks highest in coping ability, at 32%. In terms of high levels of emotional well-being and social connectedness, Trois Rivières, Quebec, and Windsor, Ontario, rank highest at 35% and 59%, respectively, as does St. Catharines-Niagara, Ontario, for spiritual values (39%) (see Appendix B for additional information).

Figure 6 shows that across available CMAs, high levels of life enjoyment range from a high of 45% in St. John’s, Newfoundland and Labrador, to a low of 20% in Saguenay

Figure 6
Percentage Reporting High Life Enjoyment in Canadian Census Metropolitan Areas, Population 15 Years and Older, 2002



Notes
 Bars represent the 99% confidence interval.
 The CCHS .2 cycles do not include residents living in the territories.
 During the CCHS 1.2 data collection period, only 25 CMAs were recognized.

Source
 CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

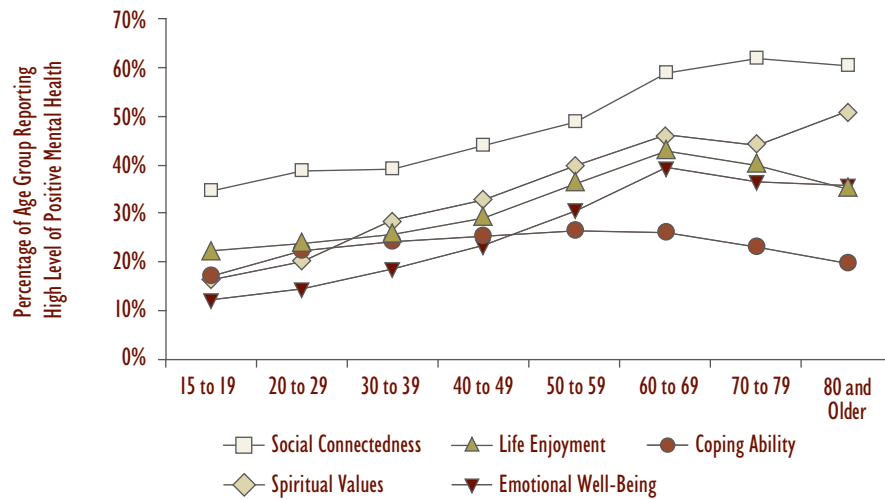
Age

A report using 1994–1995 data from the National Population Health Survey (NPHS) examined a number of mental health indicators such as self-esteem, happiness and sense of coherence in relationship to demographic, social and physical health factors. Compared with 12- to 19-year-old respondents, findings showed that for happiness, self-esteem and sense of coherence, outcomes were better, in general, for older age groups.¹⁰¹

CPHI analyses show an increase in four of the five positive mental health outcomes among respondents 15 to 69 years of age (see Figure 7). For respondents in the 70-to-79 and 80-and-older age groups, analyses show increases or decreases across the five outcomes. For example:

- Life enjoyment and emotional well-being declined for the two older age groups;
- Coping peaked in the 50-to-59 and 60-to-69 age ranges and declined thereafter;
- Spiritual values declined for the 70-to-79 age group then rose again among respondents 80 and older;
- Social connectedness increased further for the 70-to-79 age group and then declined.

Figure 7
Percentage Reporting High Levels of Positive Mental Health by Age Group, Population 15 Years and Older, 2002



Note

The CCHS does not include data on people living in institutional settings. As a result, seniors in those settings who may not be as physically or mentally healthy may not be well represented.

Source

CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

Sex

CPHI analyses show that differences between males and females are not consistent across the five positive mental health outcomes. Compared with females, males reported significantly higher levels of coping ability and emotional well-being, and lower levels of spiritual values and social connectedness (see Appendix B). Males and females do not differ significantly in terms of life enjoyment. These relationships remain after accounting for factors such as age, province, income adequacy, education, marital status, community belonging, available emotional support, religious service attendance, self-rated physical health, stress and presence of mental illness (see Appendix C).

These findings are consistent with a Canadian study using 1994–1995 NPHS data, in which analyses showed no significant differences between males and females for happiness, self-esteem or sense of coherence.¹⁰¹ In contrast, international research has noted that women report higher life satisfaction and happiness than men.⁵³ Another international study, which included Canadian data, found that men reported less life satisfaction than women.⁵⁴

Socio-Economic Status

To better understand the link between socio-economic status and positive mental health, CPHI analyses looked at the rates of reporting high levels of positive mental health in relation to employment status, household education and income adequacy.

Employment Status

Analyses compared a number of employment characteristics: employed by another versus self-employed, full time versus part time and high versus low job security (see Appendix B for detailed results).

- Compared with self-employed respondents, respondents employed by another are significantly less likely to report high levels of life enjoyment (28% versus 34%), coping ability (23% versus 32%), emotional well-being (21% versus 28%) and spiritual values (28% versus 34%). Social connectedness was not significantly different.
- Respondents with high versus low job security report significantly higher levels of life enjoyment (32% versus 22%), coping ability (26% versus 21%), emotional well-being (24% versus 17%) and social connectedness (44% versus 36%). Results for spiritual values were not significant.
- Respondents reporting full-time hours of work versus part-time hours report significantly higher coping ability (25% versus 21%) and emotional well-being (23% versus 17%), but lower spiritual values (28% versus 31%). Results for life enjoyment and social connectedness were not significant.

Education

Analyses showed that although higher levels of coping ability are associated with higher education, people reporting secondary education or higher report lower levels of life enjoyment, emotional well-being, spiritual values and social connectedness than do people with less than secondary education (see Appendix B). After accounting for factors such as age, sex and self-rated health status,

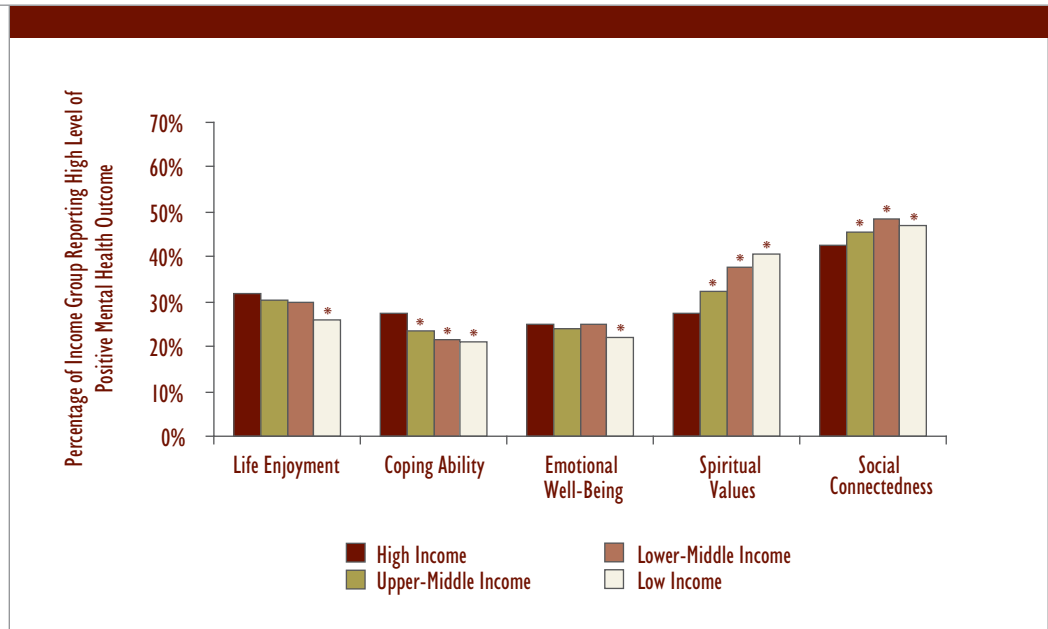
life enjoyment and social connectedness is lower among people with postsecondary education only, while coping ability and spiritual values are higher (see Appendix C).

Other research shows a similar, albeit somewhat mixed, picture of the relationship between education and positive mental health. In an analysis of happiness and life satisfaction in 34 countries (not including Canada), education was not a significant factor when considered among several other determinants.⁵³ In a Canadian study based on 1994–1995 NPHS data, sense of coherence was not significantly different across education levels; in contrast, compared with people with the lowest levels of education, self-esteem and happiness were significantly higher with each level of education.¹⁰¹

Household Income Adequacy

A report published by CPHI in 2004 presented research which showed that people living in higher-income groups generally report better health outcomes (for example, higher life expectancy and lower rates of heart disease).¹⁴² However, results are not as straightforward when looking at the relationship between income adequacy level and positive mental health. CPHI analyses conducted for this report indicate that, compared with people in the highest income adequacy group, people in all other groups are less likely to report higher levels of coping ability and more likely to report high levels of spiritual values and social connectedness. People living in the lowest income adequacy group are less likely to report high levels of life enjoyment and emotional well-being than people with high income adequacy (see Figure 8).

Figure 8
Percentage Reporting High Levels of Positive Mental Health by Household Income Adequacy, Population 15 Years and Older, 2002



Notes

* Significantly different than high-income group at p<0.05.
 As noted in the Questionnaire and Reporting Guide to Statistic’s Canada’s CCHS Cycle 1.2 on mental health and well-being, high income adequacy represents respondents in a household of one or two making over \$60,000, or a household of three or more making over \$80,000.

Source

CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

Marital Status and Living Arrangements

Research looking at marital status has shown that compared with the continually married, the continually never-married, divorced/separated and widowed report lower life satisfaction.⁶¹ Consistent with this, CPHI analyses show that compared with married respondents, common-law, widowed/divorced/separated and single respondents all report lower rates of life enjoyment (see Appendix B). Other results show that compared with married respondents:

- People who are single report significantly less coping ability;
- People who are single and common law are significantly less likely to report high levels of emotional well-being, spiritual values and social connectedness; and
- Widowed/divorced/separated respondents are more likely to report high levels of spiritual values and social connectedness.

Living arrangements are also linked to positive mental health (see Appendix B). With respect to emotional and social connectedness, compared with unattached individuals, unattached persons living with others, couples with children and lone parents with children were significantly less likely to report high levels. Couples were significantly more likely to report high levels of life enjoyment, emotional well-being and social connectedness than unattached persons, and less likely to report high spiritual values. No significant differences were noted between the groups for coping ability.

Culture and Community

To understand the link between various cultural and community characteristics and positive mental health outcomes, analyses examined the rates of reported high positive mental health outcomes by immigration status, cultural or racial background, religious service attendance, community belonging and emotional and tangible social support.

Immigration Status

Compared with immigrants, non-immigrants are more likely to report high coping ability and less likely to report high spiritual values. There is no significant difference between immigrant and non-immigrant groups in the proportions reporting high life enjoyment, emotional well-being and social connectedness (see Appendix B).

Cultural or Racial Background

Positive mental health outcomes for the five largest groups among single racial and cultural background responses were also examined. Responses are based on a question asking respondents to describe their cultural and racial backgrounds. Most respondents were either White, Chinese, South Asian (East Indian, Pakistani, Sri Lankan), Black or Aboriginal (off-reserve, North American Indian, Métis or Inuit).¹⁰⁵ No one group always has the highest rates of positive mental health. Of note, results show that groups for which data often show poor health outcomes can still perceive themselves as having high positive mental health as measured by some of the constructs in this report. See appendices A and B for percentages and odds ratios.

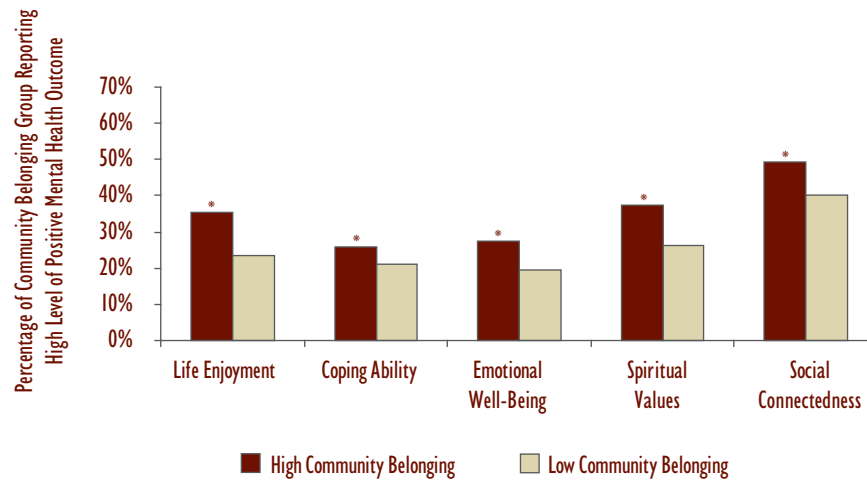
Religious Service Attendance

Analyses show that respondents who report attending religious services at least once a month are more likely to report high levels of life enjoyment, as well as emotional well-being, spiritual values and social connectedness, than people who attend less than once a month.

Community Belonging

Consistent with previous research,⁹⁴ Figure 9 shows that compared with respondents with low community belonging, respondents with high community belonging are more likely to report high levels of all five positive mental health outcomes. This relationship remains, even after adjusting for such factors as physical health, age, province and stress levels (see Appendix C).

Figure 9
Percentage Reporting High Levels of Positive Mental Health by Sense of Community Belonging, Population 15 Years and Older, 2002



Note

* Significantly different from low community belonging group at p<0.05.

Source

CPHI analysis of Canadian Community Health Survey (Cycle 1.2, 2002), Statistics Canada.

Available Social Support

Analyses also looked at different types of social support for positive mental health. Respondents are said to have tangible support available if they report that, all or most of the time, they have someone to give them help if they need it when confined to bed, when they need to go to the doctor, or to help prepare meals or do chores.¹⁰⁵ Emotional support is defined as having someone available to listen, give advice in a crisis, confide in, who understands problems and whose advice respondents really want.¹⁰⁵

- Compared with people who report not always having tangible support, people who report almost always having tangible support are significantly more likely to report high levels of life enjoyment, coping ability and emotional well-being and social connectedness.
- Compared with people who report not always having emotional support, people who report almost always having emotional support are significantly more likely to have high levels of all five positive mental health outcomes.

Other Measures of Positive Mental Health: Psychological Well-Being and Life Satisfaction

The analyses presented in this section looked at the five specific positive mental health outcomes outlined in the PHAC definition. However, as noted, there are several ways to measure positive mental health, two of which include a 25-item psychological well-being scale¹⁴³ and a single question on life satisfaction.¹⁴⁴ Looking at these specific outcomes, additional CPHI analyses show a similar pattern with respect to education and income, as well as social support and community belonging (see Appendix C). High income is not associated with high psychological well-being, but is linked to higher life satisfaction; education is not significantly associated with either measure. However, having available emotional support and a high level of community belonging are consistently associated with psychological well-being and life satisfaction. These findings, together with the other findings, highlight the roles of specific social factors in positive mental health, over and above specific socio-economic factors.

Characteristics Associated With High Levels of Positive Mental Health: Summary

The following is a summary of factors that were consistently associated with high levels of at least two or more of the five positive mental health measures.^{vi}

Geographic Location:

Rates of reporting high positive mental health vary by province and across CMAs. High life enjoyment and emotional well-being and social connectedness are significantly higher in Newfoundland and Labrador than in most provinces and in Canada overall.

Age and Sex:

Analyses show an increase in four of the five positive mental health outcomes among respondents 15 to 69 years of age and fluctuations thereafter. High emotional well-being and coping ability are more common among males, while high social connectedness and spiritual values are more common among females.

Income and Education:

Income and education are not strongly or consistently linked with high positive mental health. Compared with people in the highest income adequacy group, people in all other groups are less likely to report higher levels of coping ability and more likely to report high levels of spiritual values and social connectedness. Groups with some postsecondary education or higher are

more likely to have high coping ability but are less likely to report high life enjoyment, as well as emotional well-being, spiritual values and social connectedness, than people with lower education.

Race or Culture:

No one group has the highest rates of positive mental health for all five outcomes.

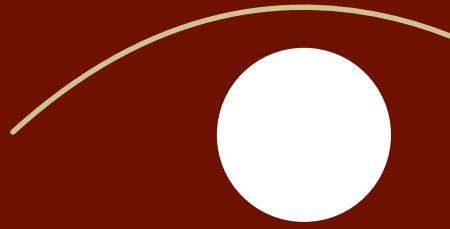
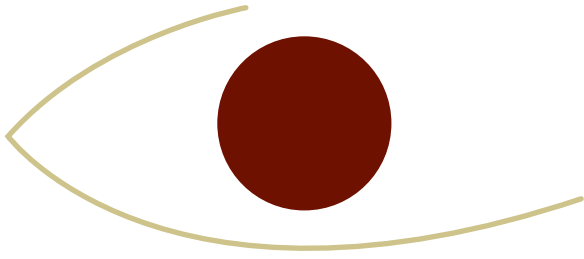
Available Support and Community Belonging:

Having emotional support available almost always and having high levels of community belonging are associated with high positive mental health across all five dimensions.

vi. Associations with high levels of positive mental health were found both before and after taking into account factors such as self-rated physical health, stress, mental illness, province, age, sex, marital status, cultural/racial background, income adequacy, education, community belonging, available support and attendance at religious services.

Consistent with previous research, analyses conducted for this report highlight differences in the social and demographic characteristics of people who report high levels of positive mental health. In some cases, they highlight disparities in positive mental health on the basis of sex, income adequacy, cultural or racial background, employment status and geographic location.

Previous research shows that disparities based on these factors can themselves influence mental health.¹⁴⁵ Information about disparities and inequities can thus have numerous policy and program implications. The remaining portion of this report looks at societal, community and individual-level opportunities to promote positive mental health.



4



4

Promoting Positive Mental Health

Mental health is a concept receiving increased attention in policy, research and practice/service arenas. It has been the focus of reports and activities by a number of organizations, including the WHO, the PHAC, the Canadian Mental Health Association (CMHA) and the Standing Senate Committee on Social Affairs, Science and Technology. Attention has primarily been on providing services to people living with mental illness, preventing the onset of mental illness and addressing discrimination-related issues associated with mental illness. Attention to promoting and supporting positive mental health has been addressed to a much lesser extent. This section will provide an overview of some of the key milestones in mental health promotion in Canada. It will also look at the evolution and inclusion of positive mental health elements in mental health programs and policies at the societal, community and individual levels.

Mental Health Policy in Canada

To better grasp where we stand with respect to mental health promotion in Canada, it is valuable to look at how policy specific to mental illness and mental health has evolved in Canada.

Mental health policy in Canada has largely focused on people living with mental illness.

- In the 1800s, in the absence of effective treatments and housing alternatives, individuals with a mental illness were often jailed or in poorhouses.¹⁴⁶
- By the end of the 19th century, asylums and mental hospitals were developing.⁵
- Beginning in the 1960s, many psychiatric inpatients were discharged to the community when psychiatric hospitals or wards were closed and the number of beds in psychiatric facilities was reduced.¹⁴⁷
- The 1970s saw the emergence and distribution of funds for various community mental health programs to support individuals with a mental illness.¹⁴⁸
- In 1998, the Canadian Alliance on Mental Illness and Mental Health (CAMIMH) was created to bring mental health and mental illness to the attention of health and social policy agendas.¹⁴⁹
- In 2006, the Standing Senate Committee on Social Affairs, Science and Technology released its report, *Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada*, based on the first-ever national study of mental health, mental illness and addictions in Canada.⁶

In the 1980s, with the growth of the health promotion movement, the concept of mental health promotion emerged as an attempt to distinguish efforts to promote positive mental health from efforts to treat mental illness. Some examples at the national level include the following:

- In 1988, Health Canada published *Mental Health for Canadians: Striking a Balance*, the first national publication to indicate that mental health promotion was distinct from the treatment of mental illness.¹⁴
- The 1990s saw a shift in mental health services toward integration, recovery, consumer choice, empowerment and flexible and informal supports.^{146, 150}
- In 1995, the Mental Health Promotion Unit was created at Health Canada. Its mandate was to contribute to healthy public policy and promote and foster mental and spiritual health and well-being.¹⁵¹ In 2001, its mandate was expanded to include mental health service-related functions to address the needs of people with mental disorders.¹⁵²
- In 1996, following an international workshop held by the Centre for Health Promotion, University of Toronto, and Health Canada, a new holistic definition of mental health and mental health promotion was produced. The new definition recognized the multi-faceted nature of health and moved beyond disease-oriented understandings.^{8, 15}
- In the late 1990s, in collaboration with Health Canada, the Canadian Public Health Association released the *Mental Health Promotion Resource Directory*¹⁴⁵ and the Canadian Mental Health Association published the *Mental Health Promotion Tool Kit* for community initiatives.¹⁵³
- In 2007, based on recommendations by the Standing Senate Committee on Social Affairs, Science and Technology,⁶ the Mental Health Commission of Canada was launched.⁴ The Commission's goals include bringing about an integrated mental health system that puts people living with a mental illness at its core,¹⁵⁴ and building positive mental health promotion among the general population into its national strategy.¹⁵⁵

At the provincial or territorial level, a number of provinces and territories have developed specific initiatives, plans or frameworks to guide mental health policies and services. Most focus on the prevention or treatment of mental illness; the availability of, or access to, mental health services; suicide prevention; and the reduction of stigma.¹⁵⁶⁻¹⁶⁰ Some recognize positive mental health in their frameworks and plans.^{156, 161-164} In most cases, mental health promotion is not seen as an integral part of health promotion and public health. Further, while some frameworks have noted having included an evaluation plan, evidence arising from these evaluation plans is not often available.

Promoting Positive Mental Health: A Role for Everyone

In December 2007, CPHI commissioned a public opinion survey to gauge the public's understanding of mental health. Participants were asked who they thought had responsibility for promoting mental health. Responses were as follows:

- Government (federal 38%, provincial 38%, municipal 23%);
- Physicians (23%);
- Mental health professionals (15%), other health professionals (6%) and nurse or physician assistants (4%);
- Family members (14%) and friends (4%);
- Individuals themselves (14%);
- Schools (13%) and workplaces (4%);
- Health associations (13%);
- Community support resources and wellness centres (4%); and
- Society as a whole (4%).¹³

While it is not clear if Canadians saw mental health promotion as promoting positive mental health or as preventing or treating mental illness, results show that everyone can be seen as having a role to play in mental health promotion.

Distinguishing Mental Health Promotion From Mental Illness Prevention and Treatment

A scan of the literature indicates that the majority of mental health strategies tend to focus on individuals, illnesses or specific “at-risk” or “vulnerable” groups within the population. Models and strategies that focus on preventing/treating mental disorders tend to be individualistic in nature, given their focus on reducing the incidence, prevalence and severity of a given mental illness or disorder; they also focus on mortality, morbidity and risk factors or behaviours.²⁵

Various inequities associated with gender, poverty, disability, race or ethnicity, unemployment and geographic location can themselves influence mental health.¹⁴⁵ Given this, strategies that focus on mental health promotion apply to all people and communities, including at-risk individuals or groups, and people living with mental illness.⁸ Mental health promotion typically emphasizes supporting individual resilience, creating supportive environments⁸ and addressing the influence of the broader determinants of mental health.⁹ Specific goals of mental health promotion include enhancing protective factors that help individuals, families and communities to deal with events, and increasing conditions, such as social cohesion, that reduce risk factors for diminished mental health among individuals, families and communities.¹⁴⁵

For the most part, mental health programs and initiatives tend to have a symptom-management, illness-treatment or preventive focus (for example, suicide prevention, addictions treatment, depressive symptoms management), not a specific focus on promoting positive mental health. Increasingly, programs and initiatives are incorporating a positive mental health focus or approach. Outcomes of interest in these programs include improved coping skills and quality of life, enhanced self-esteem

and strengthened social supports. Examples of such programs, which are grouped into three broad levels of analysis (societal, community and individual^{8, 36}) are highlighted throughout this section (see tables 5 to 7).^{vii}

These groupings are in keeping with the goal of a population health approach, which seeks to understand the factors that affect the health of individuals and communities, maintain and improve the health status of the entire population and reduce disparities—or increase equity—in health status between groups and subgroups.⁷ They can also encompass the actions and strategies identified in the Ottawa Charter as necessary for advancements in health promotion: build healthy public policy, create supportive environments for health, strengthen community action for health, develop personal skills and re-orient health services.¹⁶⁵

Promoting Positive Mental Health: At the Societal Level

At the societal level, efforts can focus on building healthy public policy and creating supportive environments for positive mental health. The authors of a chapter entitled “Strategies for Promoting the Mental Health

of Populations” in the WHO report *Promoting Mental Health: Concepts, Emerging Evidence, Practice*, suggested that building mental health promotion policy could be divided into two streams.

- One stream of policies would address the broader social, ecological, economic, political^{36, 95} and cultural factors that have an indirect effect on enhancing mental health (for example, employment, housing and education).³⁶
- Another stream of policies would serve to create supportive environments. These policies, which can have a direct effect on enhancing mental health, may include school curricula to develop communication skills, parenting support programs, stress management in the workplace, school-based peer-mediation programs, facilities to support the well-being of seniors, community health centres, the promotion of cultural awareness and sensitivity, peace-promoting programs and campaigns on strategies to promote mental health.³⁶ This stream of policies would see the home, school, workplace and community as key environments for mental health promotion.⁹

Table 5 Examples of Societal-Level Mental Health Initiatives With a Positive Mental Health Component or Approach	Initiative	Aim and Positive Mental Health Element or Approach
	Clifford Beers Foundation¹⁶⁶ (United Kingdom)	Established in 1996 as a charity devoted to promoting mental health and preventing mental disorders through dissemination of knowledge, training, partnerships and consultations. Among its initiatives was the creation of the <i>International Journal of Mental Health Promotion</i> , the first publication of this nature in the field. ¹⁶⁶
VicHealth’s Evidence-Based Mental Health Promotion Resource¹⁶⁷ (Victoria, Australia)	Resource designed to help practitioners plan, implement and evaluate mental health programs. ¹⁶⁷ The two approaches in the report—one population-based and the other focused on the determinants of mental health promotion—highlight information that speaks to the effectiveness of interventions to increase social connectedness, address violence and discrimination and increase economic participation. ¹⁶⁷	

vii. See methodology paper, available for download from CPHI’s website, for additional information on how programs highlighted in this report were identified and selected for inclusion.

At the societal or population level, interventions can involve multiple sectors, both in and outside of health and at all levels of government, and can address all settings, target groups and the multiple determinants of health and mental health. As noted, some interventions focus on strategies by target group, typically based on age (for example, children, youth, adults, seniors) or other socio-demographic characteristics (for example, income level, marital status, immigrant status), while others can target settings such as the home, school, workplace and community. Other approaches can include both of these aspects.

Promoting Positive Mental Health: At the Community Level

At the community level, efforts can focus on strengthening community action to promote positive mental health. Communities are uniquely situated to play a key role in mental health promotion as they deal with government and non-governmental organizations on one hand, and families and individuals on the other.³⁶ There can be communities of place, as well as communities based on identity, culture, ethnicity and faith.¹⁶⁸ Within this context, research indicates that empowering community members in development and implementation, as well as focusing on the development of feelings of ownership and social responsibility, can play a role in mental health promotion strategies and activities at this level.^{9, 36} Research speaks to the effectiveness of programs that reflect local needs, are culturally appropriate, engage and empower members of the community and recognize inequalities in the distribution of mental health problems and access to mental health services.¹⁶⁹

Social resources and interconnections, whether to peers or family, are key determinants of well-being and mental health.⁵ People with a strong sense of community belonging are

more likely to report very good or excellent self-perceived mental health.⁹⁴ New analyses presented earlier support this finding. The support provided by family members and friends in the form of meaningful relationships and during life events is one means of increasing feelings of social well-being or connectedness.⁶⁷ Communities can also come together to pool resources and work together to resolve problems as they arise.⁷⁰

Children, youth and adults spend significant portions of their waking hours in childcare settings, at school or at work. Among youth, feeling connected to school is related to positive physical and mental health.⁹² Within the workplace, the mental health of employees is becoming an area of focus. As noted previously, common factors linked to positive mental health in the workplace include the following:

- Quality of employment-related relationships, interpersonal support⁹³ and trust in management;¹¹⁶
- Balance between control and job demands or decision latitude;¹¹⁷
- The appropriate resources for the performance of one's duties;⁹³
- A healthy and safe environment;⁹³
- Family-friendly practices;¹¹⁸ and
- Interesting work that requires skills⁹³ and has variety.¹¹⁶

Community agencies and non-governmental organizations can also promote mental health by increasing public awareness, contributing to dialogue, providing self-help information, supporting community capacity-building, engaging in advocacy activities, facilitating access to services, offering skills training and supporting personal growth. Mental health promotion activities of this nature can fall within both the societal and community levels.

Table 6
Examples of Mental Health Programs With a Positive Mental Health Component or Approach: Family, School, Workplace and Community Settings

Program	Aim and Positive Mental Health Element or Approach	Outcome
Family		
Nobody's Perfect (Canada) ¹⁷⁰	Encourages parents of children up to age 5 to realize and build upon their parenting skills, self-esteem and connections with resources, including other parents. ¹⁷⁰	Parents demonstrated stronger parenting skills, including more positive interactions with their children. At two-month follow-up, parents reported increased feelings of efficacy and satisfaction. ¹⁷¹
Families and Schools Together (F&ST) (Canada) ¹⁷²	For children and youth age 4 to 14 and their families. Aims to build protective relationship factors within families and to broader communities ¹⁷² and to support parents in their efforts to promote their children's emotional development. ¹⁷³	Evidence shows increases in children's emotional strength, family involvement and school functioning. ¹⁷⁴ Six-month and one-year follow-up showed significant improvements in family closeness. At two years, increased family cohesion was maintained for families of elementary school children. ¹⁷³
School		
Friends for Life (in Canada and abroad) ¹⁷⁵	Through 10 in-school sessions and home-based activities, aimed to build resiliency, promote self-esteem, problem-solving skills and self-expression to prevent anxiety and build positive relationships.	Results showed significant increases in self-esteem and decreases in feelings of worry and depression among children not clinically anxious. Randomized control trials indicate that up to 80% of children who exhibited signs of anxiety disorder no longer did so for up to six years post program completion.
Roots of Empathy (Canada) ¹⁷⁶	Elementary school-based program that seeks to increase children's empathy by improving emotional literacy and promoting a caring culture.	Significant increases in knowledge of emotions, social understanding, pro-social behaviours and perception of classroom supportiveness. Pro-social behaviours showed increases at three-year follow-up. ¹⁷⁷
Reaching In, Reaching Out (Ontario) ¹⁷⁸	Resiliency skills training program for children age 8 to 13 (identifying personal styles of explaining events, challenging usual ways of thinking).	Results showed increases in problem-solving, reaching out to others for help, helping others and seeing mistakes as being okay.
Workplace		
Petro-Canada Burrard Products Terminal (Port Moody, British Columbia) ¹⁷⁹	Mutual trust, respect, open communication and community involvement have been incorporated into vision. Management practices are committed to open communication, employee participation in decision-making, fairness and teamwork. Programs have been implemented to support work-family balance, create a supportive and respectful workplace culture that also reach out to the community and enable healthy living.	Employees, union representatives and coordinators report that both formal and informal programs have resulted in a healthy workplace where employees feel empowered. Management reports fewer injury-related absences; almost zero turnover rate; an atmosphere of trust, openness and respect; and better labour relations (as seen through fewer grievances).
Dofasco Inc. (Hamilton, Ontario) ¹⁸⁰	Culture refocused on employee engagement, de-layered management and team-based responsibility. Integrated health, safety, openness, recognition, respect and teamwork into core values. Implemented initiatives specific to employee and family assistance, work-life balance (child/elder care, alternative work arrangements), improving working environments and increasing employee empowerment, recognition and participation in decision-making.	Employees report improvement in employee relationships and enthusiasm, and agree that health and safety are considered serious priorities by supervisors/managers and co-workers. Management reports a decrease in lost time due to injury, decrease in injuries rates and decreased payments to workplace safety and insurance board.

Table 6
Examples of Mental Health Programs With a Positive Mental Health Component or Approach: Family, School, Workplace and Community Settings
(cont'd)

Program	Aim and Positive Mental Health Element or Approach	Outcome
Community		
Bicultural Competence Skills ¹⁸¹	Community-based skill and competence program. Focus on building the bonds that bicultural children felt they had to majority and subgroup cultures.	Evaluations showed greater self-control, assertiveness and healthy and adaptive coping in peer-pressure situations, as well as reduced substance use among children receiving the intervention.
Better Beginnings, Better Futures (Ontario) ¹⁸²	Community-based program that targeted children and families in three disadvantaged neighbourhoods. Aimed to promote general development among young children to prevent emotional and behavioural problems.	Longitudinal analyses over a five-year period showed significant improvements, including increases in children's self-control, cooperation and involvement in school, as well as decreases in overanxious behaviour.
Community Helpers Program (Ontario) ⁶⁹	In response to suicide deaths of four youth in a rural community over a two-year period, identified and trained "community helpers" or individuals that youth noted they could turn to in times of need or to discuss mental health issues.	Program resulted in mobilization among numerous community partners, including business, schools, police, families and the media. Fosters an understanding that the community shares ownership for youth mental health issues and for creating a safe and healthy community.

Promoting Positive Mental Health: At the Individual Level

At the individual level, efforts can focus on developing and building on personal skills, strengths and resiliency.³⁶ This view supports personal and social development through information, education and the enhancement of life skills.⁹ Individuals can look inward to assess the extent to which they are enjoying life and feeling a sense of emotional and spiritual well-being. Individuals can also look

at how they are dealing with life challenges and employ strategies that have a more active focus, such as reframing negative thoughts,¹²⁶ writing or thinking about things that are positive,¹⁸³ seeking support from others⁶⁷ or devoting their time to meaningful causes.³⁹ Empathy, communication skills, self-efficacy, sense of identity, mastering a task, problem-solving and a sense of purpose are among the individual mental health skills that can be targeted through mental health programming.³⁶

Table 7
Examples of Individual-Level Mental Health Programs with a Positive Mental Health Component or Approach

Program	Aim and Positive Mental Health Element or Approach	Outcome
Live Life Stress Free (Scotland)¹⁸⁴	Aims to provide opportunities for stress management, inclusion and community development among adults.	Three years into five-year project, participants reported increases in self-esteem and reductions in stress.
Ardler Walking Group (Scotland)¹⁸⁴	Promotes physical activity and mental well-being among adults through walking.	Eighteen months into five-year project, participants report benefits to emotional health, well-being and physical health. Social aspects said to contribute to building confidence and overcoming isolation.

The programs highlighted in this section point to some common strategies that appear to be effective at promoting positive mental health:

- They bring about change in a variety of settings, such as the family, school, workplace and community.
- They target different groups across the lifespan.
- They combine mental health promotion activities and prevention activities.
- They are tailored and sensitive to the needs of the target group.

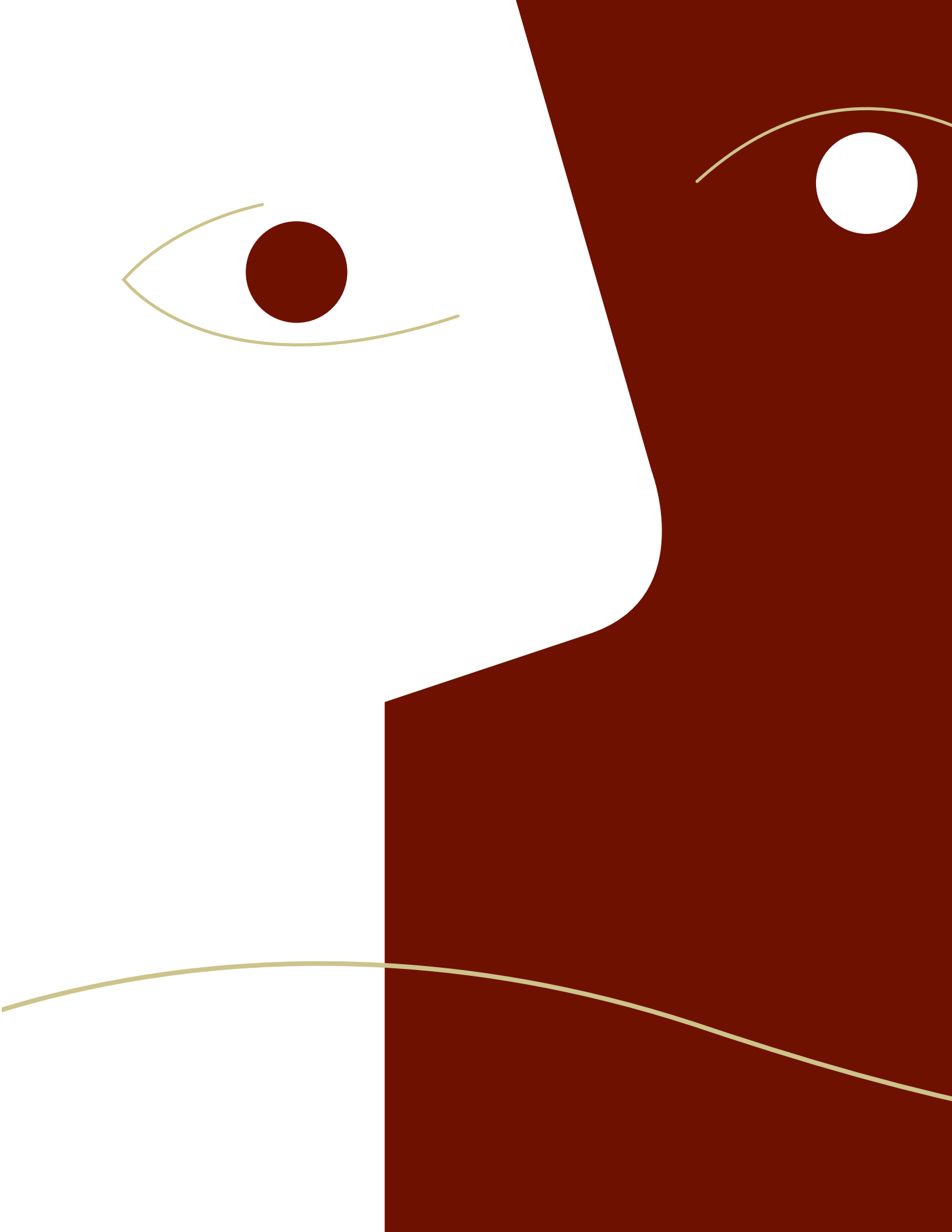
Promoting Positive Mental Health: Research, Data and Health Services

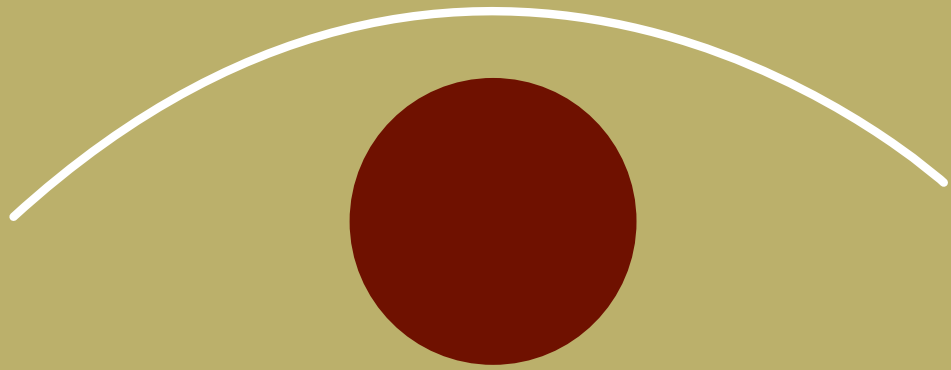
In addition to promoting positive mental health at the societal, community and individual levels, there are opportunities to promote positive mental health through research and evaluation, surveillance data and a re-orientation of health services.

- Research and evaluation evidence provides the basis for policy action, interventions and practice. Research and evaluation of programs and policies are key components of knowledge generation and exchange, as well as evidence-based decision-making. At present, there is a lack of evidence-

based information on the effectiveness of mental health promotion programs and interventions.

- Data are also a component of evidence-based decision-making. Given the various dimensions and measurements of positive mental health, it is difficult to track and understand what helps people enjoy life, feel balanced and contribute positively to society. Information presented in this report suggests a number of constructs that could be used as valid and reliable indicators of positive mental health.
- CPHI analyses of CCHS data show that roughly 2.3 million Canadians (or 1 in 10 of the surveyed population age 15 and older) reported accessing mental health services in 2002 for problems related to emotions, mental health or use of alcohol or drugs. We do not have a sense of how many people are using services to promote their own positive mental health. Data of this nature may be obtained through a re-orienting of health and mental health services.¹⁶⁵ This would involve research, changes to professional education, training and ideologies, changes to current organization of services, involvement of community members in interventions and addressing the inter-relationship between individuals and their social environments.⁹





Summary and Conclusions

Positive mental health is a key component of overall health, well-being and quality of life. *Improving the Health of Canadians: Exploring Positive Mental Health* presents an overview of research, data, programs and policy directions related to positive mental health and mental health promotion among the population. To help inform planning efforts to promote positive mental health, this report brings together the available information and data analyses that examine the concept of positive mental health and some of the ways it is currently being measured; its link to health; the factors associated with high levels of reported positive mental health; and what strategies are, or may be, effective at promoting mental health.

Exploring Positive Mental Health

Using the Public Health Agency of Canada's (PHAC) definition of mental health as a guiding framework, the report explores one way of operationalizing the concept of positive mental health. It looks at five components (ability to enjoy life; dealing with life events; emotional well-being; spiritual values; and social connectedness and respect for culture, equity, social justice and personal dignity).

Research indicates that factors related to our genetics, behaviours and life circumstances, as well as our family, community and social environments, can all play roles in promoting life enjoyment. However, positive mental health goes beyond life enjoyment. It involves many aspects that are just as integral to our positive mental health, including the way we deal with life's challenges; the ways we experience and use our emotions to function and interact with others; the connectedness, meaning, purpose, values and beliefs by which we live; the connections we have within the environments in which we live, learn, work and play; and our sense of equity and respect for people's differences. These factors, in isolation and in combination, are dimensions of positive mental health and are related to various health-related outcomes.

To date, the term "positive mental health" has been used in many different ways. Numerous, sometimes overlapping, terms are used to reflect the same concepts; or the same terms are used to refer to different concepts, thereby contributing to a lack of definitional clarity. However, despite this variation, there are commonalities in current views of positive mental health. They include:

- Our individual feelings, and the development of our capabilities and resilience;
- The ways we deal with adversity so that we can grow and change positively;

- Our sense of meaning, purpose and engagement in life; and
- Our quality supportive environments, connections and social relationships.

Measuring Positive Mental Health and Its Role in Health

The report also explores how positive mental health is measured and linked to health. In terms of measurement, a range of positive mental health measures is used internationally and in Canada. Measures of well-being are presently part of an overall health indicator framework in Canada. Information and data presented in this report suggest that other or additional measures may be more effective at reflecting positive mental health.

There are numerous and multi-directional links between positive mental health, mental illness, physical illness and positive physical health. Consistent with this, new CPHI analyses of data from the Canadian Community Health Survey (CCHS) cycle on mental health (Cycle 1.2, 2002) show that individuals with high levels of positive mental health (as per derived measures of life enjoyment, coping ability, emotional well-being, spiritual values and social connectedness) report higher levels of physical and mental health, lower mental illness and fewer reduced activity days than people with low and moderate levels. Of the five measures, good coping ability is most linked to excellent physical and overall mental health.

Analyses also explored the characteristics of people reporting high levels of positive mental health. Results show that while age, sex and geographic location are associated with high positive mental health, income and education are not strongly or consistently linked. Results also showed that high positive mental health is experienced

by people who report having a high sense of community belonging and available social support. These factors are consistently linked to high levels of all five positive mental health outcomes, both before and after accounting for other factors, such as sex, income, education, current stress levels and physical health. Further analyses illustrate that community belonging and emotional support are positively associated with two other overall positive mental health outcomes, namely high life satisfaction and high psychological well-being.

Promoting Positive Mental Health

The report also looks at strategies and opportunities to promote positive mental health among the population. A scan of the literature indicates this is a field in which:

- Many mental health programs tend to have a symptom-management, illness-treatment or preventive focus rather than a primary focus on promoting positive mental health;
- Some programs and initiatives are incorporating a positive mental health focus or approach into their programming;
- Programs and interventions are being offered and implemented at the grassroots level but, in many cases, evaluations are not available;
- Social determinants of health (such as community belonging and social support) may play a bigger, or different, role in positive mental health than socio-economic determinants of health (such as education and income);
- Some programs and interventions target specific subgroups, but they do not necessarily look at the causes behind gradients or the interaction of various determinants of health; and
- Population-based policies and interventions are scarce.

As it applies to all groups of people, the promotion of positive mental health is an essential contributor to population health. It can also increase the effectiveness of prevention and treatment activities. Information presented throughout this report indicates that everyone, within and outside of the health sector, can play a role in promoting positive mental health and supporting the development of positive mental health programming. Strategies that focus on mental health promotion apply to all people and communities—including at-risk individuals or groups and people living with a mental illness.⁸ As such, mental health promotion strategies and activities can be grouped into three broad levels of analyses:

- Societal,
- Community and
- Individual.³⁶

Mental health promotion is about supporting the development of positive mental health by fostering individual resilience, creating supportive environments⁸ and addressing the influence of the broader determinants of mental health.⁹ Specific goals of mental health promotion include enhancing protective factors that help individuals, families and communities deal with events and increasing conditions, such as social cohesion, that reduce risk factors for diminished mental health among individuals, families and communities.¹⁴⁵

Supporting the development of positive mental health, among people with and without a mental illness, is a main component of mental health promotion. By giving individuals better tools for coping with their mental illness and strengthening their mental health, mental health-promotion strategies can help reduce stigma. It can also contribute to more effective primary care, clinical treatment, rehabilitation efforts and overall recovery.

Mental health promotion can be combined with preventive strategies and activities that target risk factors. Through strategies that address ecological, economic, political and social determinants of health—such as income, education, employment, housing and social support—mental health promotion can serve to create a place that respects cultural and racial differences, provides equitable access to services and highlights strategies necessary to cope with daily and major life events. It also involves including positive mental health within research, practice, education and policy domains, within an array of settings (individual, family, school, work, community and societal) and across all phases of the life course.

Conclusions

Information presented in the report suggests that there is value in looking at what is working for populations that are doing very well and come to understand what is contributing to adverse and negative outcomes. In the context of mental health, this might mean a shift away from focusing on negative outcomes and toward tracking and understanding what helps people enjoy life, feel supported and contribute positively to society.

In addition to fostering individual resilience and well-being, and creating supportive environments, evidence suggests that there is value in looking at the influence of the broader determinants of mental health, such as cultural differences and social connectedness. New CPHI analyses presented in the report are consistent with this, particularly as they point to the

relationship between community belonging, social support and high levels of positive mental health. These, and other measures highlighted in the report through original research, reviews and new analyses, show a link between positive mental health and various health outcomes.

By understanding the complex relationship between individual mental health development and supportive environments, information and data presented in this report show the following:

- An abundance of international research;
- A need for more evaluation of existing interventions;
- A lack of standardized ways to measure positive mental health;
- Numerous and multi-directional links between positive mental health and physical health;
- Recognition of the role of the determinants of mental health in positive mental health; and
- Continued inclusion of a positive mental health approach or elements into interventions.

As physical and mental health are linked both to each other and to the determinants of health, evidence supports the inclusion of mental health promotion in broader health promotion strategies.¹⁸⁵ Both can be promoted in the environments where we live, learn, work and play, as well as within a broader population health approach⁵ to support individual resilience, create supportive environments⁸ and address the influence of the broader determinants of mental health.⁹

Exploring Positive Mental Health: Key Messages

What do we know?

Exploring Positive Mental Health

- Positive mental health is a component of overall health, well-being and quality of life.
- There are common elements in definitions of positive mental health, but there is no consensus on how to define or measure it or any of its dimensions.
- Common themes in how research conceptualizes positive mental health include our individual feelings; developing our capabilities to cope; our sense of meaning, purpose and engagement in life; and having quality supportive environments and social relationships.
- Our capacity for positive mental health is not about eliminating change, challenge or adversity, but rather supporting people to learn and grow from, as well as successfully engage with, those events.
- Positive mental health, as looked at in this report, includes five components: ability to enjoy life; dealing with life's challenges; emotional well-being; spiritual well-being; and social connections and respect for culture, equity, social justice and personal dignity.

Measuring Positive Mental Health and Its Role in Health

- Research shows a relationship between higher positive mental health and better physical outcomes, better overall mental health outcomes and less mental illness.
- Consistent with this, CPHI analyses show that individuals with higher levels of positive mental health report better physical and mental health, lower rates of mental illness and fewer days of reported reduced activity than people with lower levels of positive mental health.
- Our genetics, behaviours, life circumstances and family, community, social and political environments are associated with higher self-rated mental health (as measured by life enjoyment, happiness and subjective well-being).
- Analyses show consistently higher levels of positive mental health outcomes among older age groups and among people who have available support and feel a high level of community belonging.

Promoting Positive Mental Health

- Mental health promotion involves building and supporting individual resilience, creating supportive environments and addressing the broader determinants of mental health.
- Many existing programs tend to have more of a mental illness prevention or treatment focus and are often confused with programs that focus on positive mental health; increasingly, programs are incorporating a positive mental health component or approach.
- One way of grouping mental health strategies and activities is in three broad levels of analyses: societal, community and individual.
- Despite the many programs intended to promote mental health, there is a lack of evidence-based programs and interventions.

Exploring Positive Mental Health: Information Gaps

What do we still need to know?

Exploring the Concept of Positive Mental Health

- What factors are associated with or help to promote emotional and spiritual well-being and respect for culture, equity, social justice, interconnections and personal dignity?
- How do aspects related to positive mental health actually influence health and social-related outcomes? Why are they linked and how do they directly and indirectly contribute to our health and well-being?
- Does a lack of positive mental health have the same detrimental consequences on one's functioning as the presence of illness? Can promoting the positive have beneficial consequences that go beyond that of prevention or alleviation of the negative?
- What are the consequences of working to improve equity, social justice and respect on positive mental health and other well-being indicators?
- How do cultural values and norms, as well as contextual factors and social trends, affect our understanding and expression of positive mental health throughout life? Are there universal elements of positive mental health that cross cultural, social and academic boundaries?

Measuring Positive Mental Health and Its Role in Health

- What are the current "best practice" indicators of positive mental health?
- Is one single, comprehensive measure sufficient to measure positive mental health, or are a few concepts required?
- Do ethnic and cultural differences play a role in how positive mental health outcomes are developed, measured and interpreted?
- How are broader societal, lifestyle and behavioural factors linked to positive mental health?
- What is the inter-relationship among social determinants of health, positive mental health and physical health?

Promoting Positive Mental Health

- How can social determinants related to positive mental health be promoted?
- Are factors related to relationships and supportive communities more effective at promoting mental health than individual-based solutions?
- What is the cost-effectiveness of integrating mental health promotion activities into health promotion and public health initiatives?
- What methodologies will be most effective at capturing the interaction between interventions and multiple determinants of mental health?
- How can the uptake of new knowledge in the area of positive mental health be facilitated to contribute to policy development and sustained practice?

What CPHI Research Is Happening in the Area?

CPHI has funded and commissioned a number of research projects and products related to mental health, including those listed below.

<p>CPHI-Funded and -Commissioned Research Projects and Programs</p>	<ul style="list-style-type: none"> • <i>Mentally Healthy Communities: A Collection of Papers</i> • <i>How Healthy Are Rural Canadians? An Assessment of Their Health Status and Health Determinants</i> (Public Health Agency of Canada, Laurentian University) • <i>Material and Social Inequalities in the Montréal Metropolitan Area: Association With Physical and Mental Health Outcomes</i> (M. Zunzunegui, Université de Montréal) • <i>Children’s Mental Health: Preventing Disorders and Promoting Population Health in Canada</i> (C. Waddell, University of British Columbia) • <i>The Effects of Special Education Interventions on the Academic and Mental Health Outcomes of Children</i> (K. Bennett, McMaster University) • <i>Mental and Physical Health of Quebec Adolescents in Youth Centres: A Case-Control Study</i> (J. Toupin, Université de Sherbrooke) • <i>Vulnerable Youth: A Study of Obesity, Poor Mental Health, and Risky Behaviours Among Adolescents in Canada</i> (D. Willms, University of British Columbia) • <i>Relations Between Social Support, Mental Health and Quality of Life Components Among the Socio-Economically Disadvantaged</i> (J. Caron, Douglas Hospital Research Centre, Montréal) • <i>Women’s Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women</i> (M. Desmeules, Public Health Agency of Canada) • <i>Immigrants, Selectivity and Mental Health</i> (Z. Wu, University of Victoria)
<p>Other Complementary Products</p>	<ul style="list-style-type: none"> • <i>Exploring Positive Mental Health</i>—supporting documents that will be available on CPHI’s website: <ul style="list-style-type: none"> – Report summary – PowerPoint presentation – Literature search methodology – Data and analysis methodology – Policy-scanning methodology – Bibliography

For More Information

CPHI's *Improving the Health of Canadians* reports aim to synthesize key research findings on a given theme, present new data analysis on an issue and share evidence on what we know and what we do not know about what works from a policy and program perspective.

*Improving the Health of Canadians 2004 (IHC 2004)*¹⁴² was CPHI's first flagship report. The report was organized into four key chapters: Income, Early Childhood Development, Aboriginal Peoples' Health and Obesity.

After the release of IHC 2004, a decision was made to produce and disseminate the second report, *Improving the Health of Canadians 2005–2006*, as a report series reflecting CPHI's strategic themes for 2004 to 2007: healthy transitions to adulthood, healthy weights and place and health.

- The first report in the series, *Improving the Health of Young Canadians* (released in October 2005), explored the association between positive ties with families, schools, peers and communities and the health behaviour and outcomes of Canadian youth age 12 to 19.⁹²
- The second report in the series, *Improving the Health of Canadians: Promoting Healthy Weights* (released in February 2006), looked at how features in the environments in which we live, learn, work and play make it easier—or harder—for us as Canadians to make healthier choices about what we eat and how physically active we are.¹⁸⁶
- The final report in the series, *Improving the Health of Canadians: An Introduction to Health in Urban Places* (released in November 2006), focused on the link between the health of Canadians in urban settings and how various social and physical aspects of urban places influence the daily lives and health of people who live in them.¹⁴¹

CPHI's strategic themes for 2007 to 2012 include mental health and resilience, place and health, reducing gaps in health and promoting healthy weights.⁷ The current series of *Improving the Health of Canadians* reports consists of three reports that look at mental health and resilience from a population health approach.

- The first report in the series, *Mental Health and Homelessness* (released in August 2007), looked at the link between mental health, homelessness and both individual and broad-level social determinants of health.¹⁰
- The second report in the series, *Mental Health, Delinquency and Criminal Activity* (released in April 2008), looked at the relationships between mental health, delinquency and criminal activity and their various determinants.¹¹

Improving the Health of Canadians: Exploring Positive Mental Health is available in both official languages on the CIHI website at www.cihi.ca/cphi. To order additional copies of the report, please contact:

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- Download a presentation of the highlights of *Improving the Health of Canadians: Exploring Positive Mental Health*.
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CPHI Reports Previously Published by CIHI	Name of Report	Author and Publication Date
		Mental Health and Resilience
	• <i>Mentally Healthy Communities: A Collection of Papers</i>	CIHI (September 2008)
	• <i>Improving the Health of Canadians: Mental Health, Delinquency and Criminal Activity</i>	CIHI (April 2008)
	• <i>Improving the Health of Canadians: Mental Health and Homelessness</i>	CIHI (August 2007)
	Place and Health	
	• <i>Place and Health Research in Canada</i>	CIHI and <i>Canadian Journal of Public Health</i> (July/August 2007)
	• <i>Improving the Health of Canadians: An Introduction to Health in Urban Places</i>	CIHI (November 2006)
	• <i>How Healthy Are Rural Canadians? An Assessment of Their Health Status and Health Determinants</i>	CIHI, Public Health Agency of Canada and Laurentian University (September 2006)
	• <i>Kachimaa Mawiin—Maybe for Sure: Finding a Place for Place in Health Research and Policy</i>	CIHI (October 2005)
	• <i>Developing a Healthy Community Index: A Collection of Papers</i>	CIHI (February 2005)
	• <i>Housing and Population Health</i>	Brent Moloughney (June 2004)
	• <i>Prairie Regional Workshop on the Determinants of Healthy Communities</i>	CIHI (August 2003)
	• <i>CPHI Workshop on Place and Health Synthesis Report (Banff)</i>	CIHI (June 2003)

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Name of Report	Author and Publication Date
Promoting Healthy Weights	
<ul style="list-style-type: none"> • <i>State of the Evidence Review on Urban Health and Healthy Weights</i> 	Kim D. Raine et al. (March 2008)
<ul style="list-style-type: none"> • <i>Improving the Health of Canadians: Promoting Healthy Weights</i> 	CIHI (February 2006)
<ul style="list-style-type: none"> • <i>Socio-Demographic and Lifestyle Correlates of Obesity—Technical Report on the Secondary Analyses Using the 2000–2001 Canadian Community Health Survey</i> 	Cora Lynn Craig, Christine Cameron and Adrian Bauman (August 2005)
<ul style="list-style-type: none"> • <i>Overweight and Obesity in Canada: A Population Health Perspective</i> 	Kim D. Raine (August 2004)
<ul style="list-style-type: none"> • <i>Improving the Health of Canadians—Obesity chapter</i> 	CIHI (February 2004)
<ul style="list-style-type: none"> • <i>Obesity in Canada—Identifying Policy Priorities</i> 	CIHI and the Canadian Institutes of Health Research (CIHR) (June 2003)
Reducing Gaps in Health	
<ul style="list-style-type: none"> • <i>Reducing Gaps in Health: A Focus on Socio-Economic Status in Urban Canada</i> 	CIHI (November 2008)
<ul style="list-style-type: none"> • <i>Reducing Gaps in Health: Workshop Proceedings Report</i> 	CIHI and National Collaborating Centre for Determinants of Health (November 2007)
<ul style="list-style-type: none"> • <i>What Have We Learned Studying Income Inequality and Population Health?</i> 	Nancy Ross (December 2004)
<ul style="list-style-type: none"> • <i>Improving the Health of Canadians—Income chapter</i> 	CIHI (February 2004)
<ul style="list-style-type: none"> • <i>Poverty and Health CPHI Collected Papers</i> 	CIHI, Shelley Phipps and David Ross (September 2003)
Healthy Transitions to Adulthood	
<ul style="list-style-type: none"> • <i>From Patches to a Quilt: Piecing Together a Place for Youth</i> 	CIHI (September 2006)
<ul style="list-style-type: none"> • <i>Improving the Health of Young Canadians</i> 	CIHI (October 2005)
<ul style="list-style-type: none"> • <i>“You Say ‘to-may-to(e)’ and I Say ‘to-mah-to(e)’”: Bridging the Communication Gap Between Researchers and Policy-Makers</i> 	CIHI (September 2004)
<ul style="list-style-type: none"> • <i>CPHI Regional Workshop—Atlantic Proceedings (Fredericton)</i> 	CIHI (July 2003)
Early Childhood Development	
<ul style="list-style-type: none"> • <i>Early Development in Vancouver: Report of the Community Asset Mapping Project (CAMP)</i> 	Clyde Hertzman et al. (March 2004)
<ul style="list-style-type: none"> • <i>Improving the Health of Canadians—Early Childhood Development chapter</i> 	CIHI (February 2004)
Aboriginal Peoples’ Health	
<ul style="list-style-type: none"> • <i>Improving the Health of Canadians—Aboriginal Peoples’ Health chapter</i> 	CIHI (February 2004)
<ul style="list-style-type: none"> • <i>Measuring Social Capital: A Guide for First Nations Communities</i> 	Javier Mignone (December 2003)

CPHI Reports
Previously
Published
by CIHI
(cont'd)

Name of Report	Author and Publication Date
Aboriginal Peoples' Health (cont'd)	
<ul style="list-style-type: none"> • <i>Initial Directions: Proceedings of a Meeting on Aboriginal Peoples' Health</i> 	CIHI (June 2003)
<ul style="list-style-type: none"> • <i>Urban Aboriginal Communities: Proceedings of a Roundtable Meeting on the Health of Urban Aboriginal People</i> 	CIHI (March 2003)
<ul style="list-style-type: none"> • <i>Broadening the Lens: Proceedings of a Roundtable on Aboriginal Peoples' Health</i> 	CIHI (January 2003)
Cross-Cutting Issues and Tools	
<ul style="list-style-type: none"> • <i>Health of the Nation—e-newsletter</i> 	CIHI (quarterly)
<ul style="list-style-type: none"> • <i>The Canadian Population Health Initiative Action Plan 2007–2010</i> 	CIHI (December 2006)
<ul style="list-style-type: none"> • <i>Moving Population and Public Health Knowledge Into Action</i> 	CIHR and CIHI (February 2006)
<ul style="list-style-type: none"> • <i>Select Highlights on Public Views of the Determinants of Health</i> 	CIHI (February 2005)
<ul style="list-style-type: none"> • <i>Women's Health Surveillance Report: Supplementary Chapters</i> 	CIHI and Health Canada (October 2004)
<ul style="list-style-type: none"> • <i>Charting the Course Progress: Two Years Later: How Are We Doing?</i> 	CIHI and CIHR (February 2004)
<ul style="list-style-type: none"> • <i>Women's Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women</i> 	CIHI and Health Canada (October 2003)
<ul style="list-style-type: none"> • <i>Barriers to Accessing and Analyzing Health Information in Canada</i> 	George Kephart (November 2002)
<ul style="list-style-type: none"> • <i>Tools for Knowledge Exchange: Best Practices for Policy Research</i> 	CIHI (October 2002)
<ul style="list-style-type: none"> • <i>Charting the Course: A Pan-Canadian Consultation on Population and Public Health Priorities</i> 	CIHI and CIHR (May 2002)
<ul style="list-style-type: none"> • <i>Partnership Meeting Report</i> 	CIHI (March 2002)
<ul style="list-style-type: none"> • <i>An Environmental Scan of Research Transfer Strategies</i> 	CIHI (February 2001)

Appendices

Appendix A. Examples of Different Ways of Looking at Mental Health

Figure 1
Mental Health Continuum²²

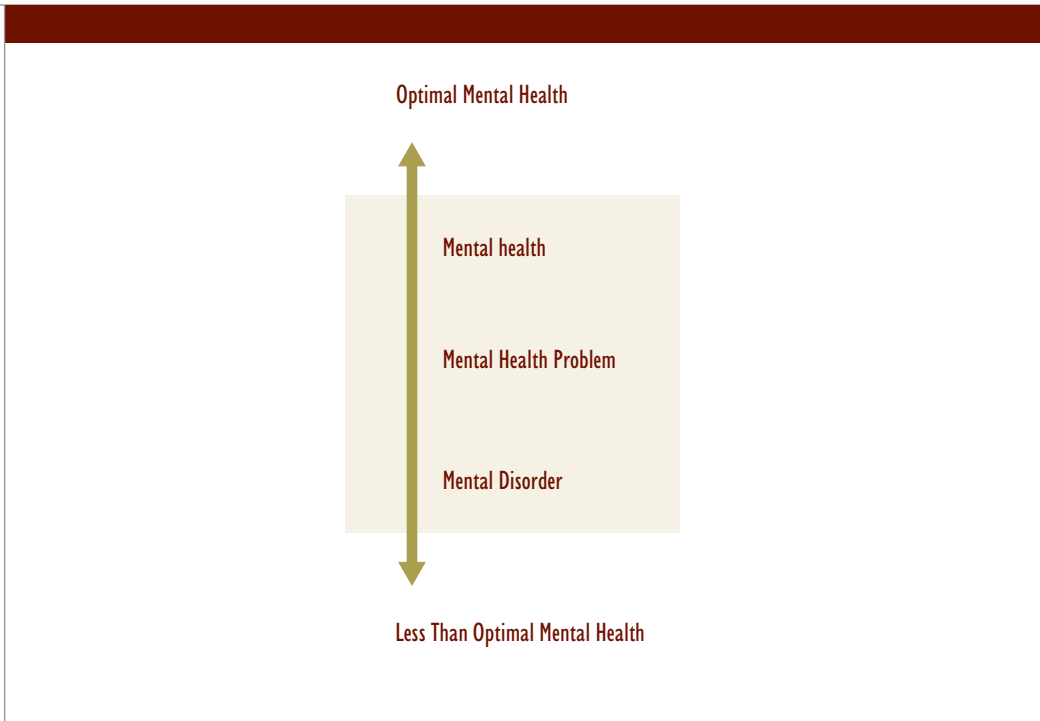


Figure 2
Two Continuum Model^{23, 24}

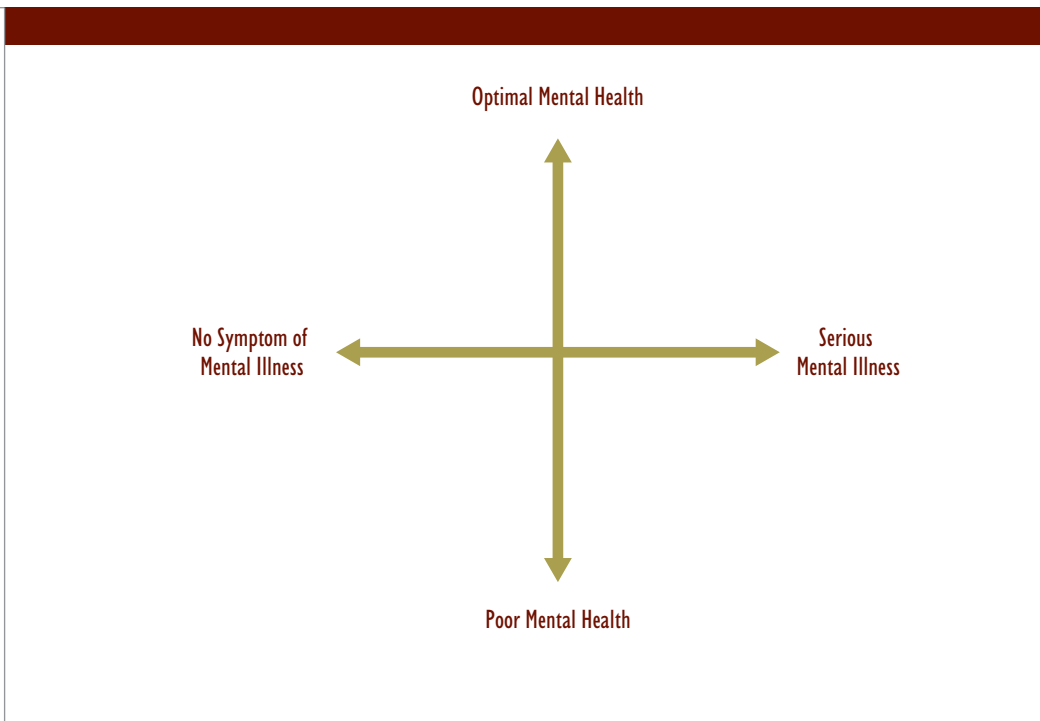
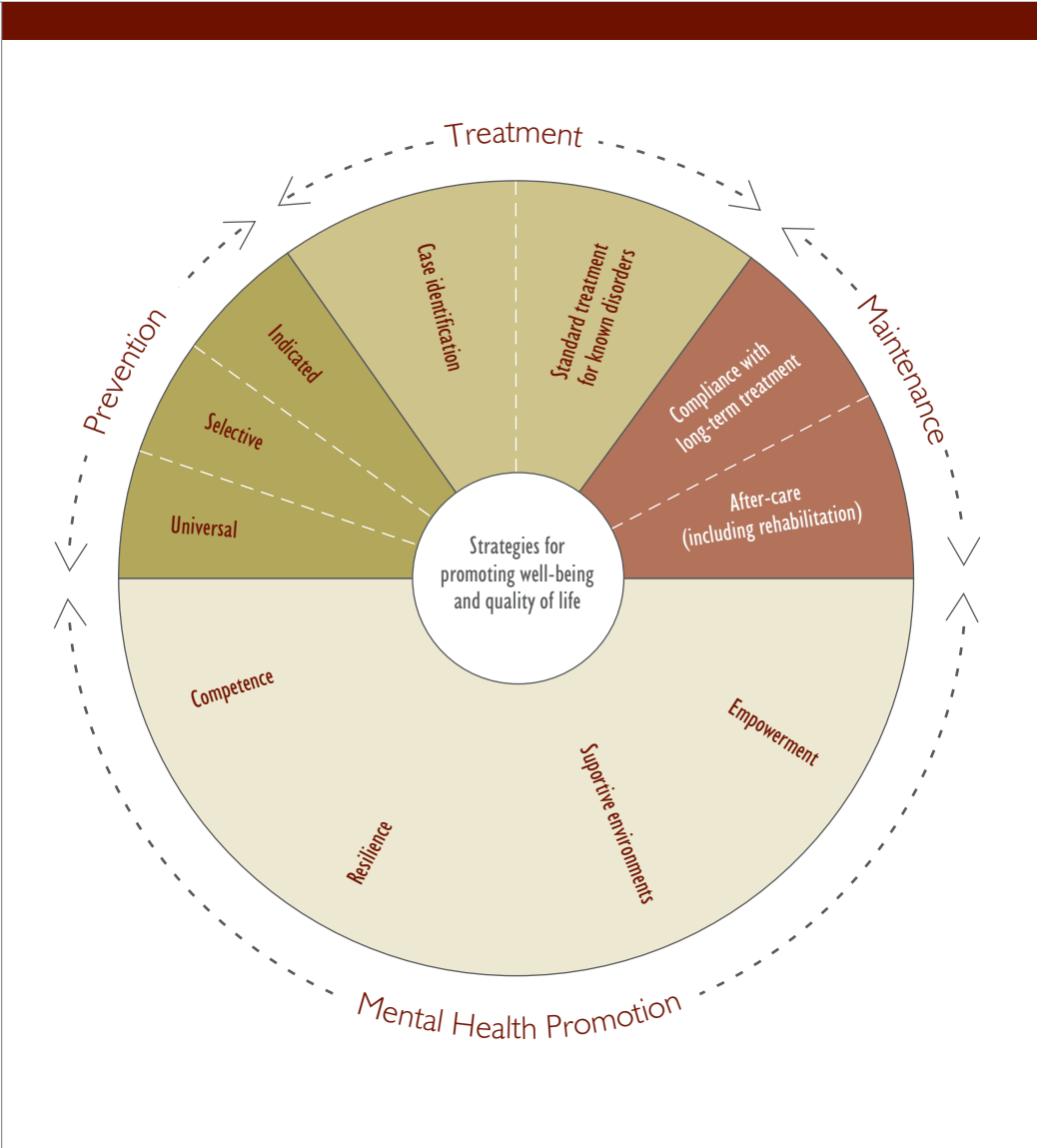


Figure 3
Promoting Well-Being and Quality of Life^a



Appendix B. Percentage Self-Reporting High Positive Mental Health by Social and Demographic Characteristics, Population 15 Years and Older, 2002

Percentage Self-Reporting High Positive Mental Health by Social and Demographic Characteristics, Population 15 Years and Older, 2002						
		Life Enjoyment	Coping Ability	Emotional Well-Being	Spiritual Values	Social Connectedness
	Census Metropolitan Area					
	St. John's, N.L.	45%	32%	29%	29%	53%
	Halifax, N.S.	32%	26%	23%	30%	51%
	Saint John, N.B.	35%	20%	25%	31%	48%
	Saguenay (Chicoutimi), Que.	20%	23%	26%	33%	49%
	Quebec City, Que.	28%	21%	30%	31%	52%
	Sherbrooke, Que.	26%	25%	28%	30%	49%
	Trois-Rivières, Que.	29%	28%	35%	31%	55%
	Montréal, Que.	28%	29%	29%	31%	51%
	Ottawa–Gatineau, Ont.	31%	25%	25%	31%	43%
	Oshawa, Ont.	30%	24%	23%	29%	46%
	Toronto, Ont.	27%	21%	20%	37%	41%
	Hamilton, Ont.	27%	24%	19%	33%	37%
	St. Catharines-Niagara, Ont.	34%	29%	24%	39%	51%
	Kitchener, Ont.	27%	18%	19%	30%	36%
	London, Ont.	35%	28%	23%	32%	43%
	Windsor, Ont.	36%	28%	32%	35%	59%
	Sudbury, Ont.	38%	21%	23%	33%	49%
	Thunder Bay, Ont.	30%	30%	22%	28%	44%
	Winnipeg, Man.	31%	22%	22%	35%	43%
	Saskatoon, Sask.	27%	21%	23%	28%	40%
	Regina, Sask.	27%	22%	16%	36%	37%
	Edmonton, Alta.	29%	22%	21%	30%	39%
	Calgary, Alta.	27%	23%	20%	37%	40%
	Vancouver, B.C.	27%	23%	16%	31%	36%
	Victoria, B.C.	26%	27%	17%	33%	34%
	Province					
	British Columbia	28%*	23%	18%*	31%*	38%*
	Alberta	30%	23%	22%*	34%	42%*
	Saskatchewan	34%*	20%*	24%	35%	44%
	Manitoba	32%	21%*	22%	36%*	44%
	Ontario	31%	23%	23%*	34%*	44%*
	Quebec	29%*	27%*	30%*	31%*	52%*
	New Brunswick	36%*	18%*	26%	34%	53%*
	Nova Scotia	33%*	22%	23%	31%	49%*
	Prince Edward Island	34%*	17%*	25%	34%	46%
	Newfoundland and Labrador	43%*	25%	30%*	30%	55%*
	Canada [†]	30%	24%	24%	33%	45%

Percentage Self-Reporting High Positive Mental Health by Social and Demographic Characteristics, Population 15 Years and Older, 2002 (cont'd)

	Life Enjoyment	Coping Ability	Emotional Well-Being	Spiritual Values	Social Connectedness
Age Group					
15 to 19	22%*	17%	12%*	17%*	35%*
20 to 29	24%*	22%	14%*	20%*	39%*
30 to 39	26%*	24%*	19%*	29%*	39%*
40 to 49	29%*	25%*	23%*	33%*	44%*
50 to 59	36%	26%*	31%*	40%*	49%*
60 to 69	43%*	26%*	39%	46%*	59%
70 to 79	40%*	23%	36%	46%*	62%
80 and Older [†]	35%	20%	36%	51%	60%
Sex					
Male	30%	26%*	26%*	26%*	42%*
Female [†]	31%	21%	22%	39%	49%
Employment Status					
Employed by Another	28%*	23%*	21%*	28%*	42%
Self-Employed [†]	34%	32%	28%	34%	44%
Hours of Work					
Full time	30%	25%*	23%*	28%*	42%
Part time [†]	28%	21%	17%	31%	43%
Job Security					
High Job Security	32%*	26%*	24%*	29%*	44%*
Lower Job Security [†]	22%	21%	17%	29%	36%
Education (Highest in Household)					
Less Than Secondary [†]	35%	20%	31%	39%	55%
Secondary or Some Postsecondary	31%*	23%*	24%*	29%*	46%*
Postsecondary Graduate	30%*	25%*	23%*	32%*	44%*
Income					
High Income [†]	32%	27%	25%	28%	43%
Upper-Middle Income	30%	24%*	24%	32%*	46%*
Lower-Middle Income	30%	22%*	25%	38%*	49%*
Low Income	26%*	21%*	22%*	41%*	47%*
Marital Status					
Married [†]	35%	25%	28%	37%	48%
Common Law	26%*	25%	22%*	19%*	43%*
Widowed/Divorced/Separated	31%*	25%	28%	42%*	53%*
Single	23%*	20%*	15%*	23%*	38%*
Living Arrangement (Adult Responses)					
Unattached Persons Living Alone [†]	29%	24%	26%	37%	50%
Unattached Persons Living With Others	26%	22%	17%*	30%*	43%*
Couple	37%*	25%	32%*	35%*	52%*
Couple With Children	31%	25%	24%*	33%*	43%*
Lone Parent With Children	24%*	25%	21%*	39%	44%*

Percentage
Self-Reporting
High Positive
Mental Health
by Social and
Demographic
Characteristics,
Population
15 Years and
Older, 2002
(cont'd)

	Life Enjoyment	Coping Ability	Emotional Well-Being	Spiritual Values	Social Connectedness
Cultural or Racial Background					
White [†]	31%	24%	25%	30%	46%
Black	38%	34%*	32%*	66%*	45%
Aboriginal Peoples (Off-Reserve: North American Indian, Métis or Inuit)	37%	17%*	21%	36%	49%
South Asian (East Indian, Pakistani, Sri Lankan)	26%*	21%	20%*	54%*	48%
Chinese	16%*	14%*	11%*	24%*	31%*
Immigration Status					
Yes [†]	30%	22%	25%	45%	44%
No	31%	25%*	24%	29%*	46%
Attends Religious Services					
At Least Once a Month	35%*	23%	29%*	66%*	50%*
Less Than Once a Month [†]	29%	24%	23%	20%	46%
Community Belonging					
High	35%*	26%*	27%*	37%*	49%*
Low [†]	24%	21%	20%	26%	40%
Types of Available Support					
Emotional Support: Almost Always	36%*	27%*	28%*	34%*	51%*
Not Always [†]	17%	17%	15%	29%	33%
Tangible Support: Almost Always	34%*	26%*	27%*	32%	48%*
Not Always [†]	21%	19%	17%	33%	38%

Notes

* Significantly different from respective comparison group at $p < 0.05$.

† Comparison group.

Appendix C. Adjusted Odds of Self-Reporting High Positive Mental Health Outcomes by Selected Characteristics, Population 15 Years and Older, 2002

Adjusted Odds of Self-Reporting High Positive Mental Health Outcomes by Selected Characteristics, Population 15 Years and Older, 2002	High Levels of Positive Mental Health Outcomes						
	Life Enjoyment	Coping Ability	Emotional Well-Being	Spiritual Values	Social Connectedness	Psychological Well-Being	Life Satisfaction
Province							
British Columbia	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Alberta	0.65	0.71	0.76	1.14	0.63	0.80	1.09
Saskatchewan	0.71	0.85	0.79	1.26	0.80	0.81	1.05
Manitoba	0.69	0.67	0.85	1.23	0.91	0.94	0.91
Ontario	0.56	1.14	1.15	1.59	0.89	0.87	1.04
Quebec	0.62	0.88	0.74	1.51	0.66	0.75	0.88
New Brunswick	0.67	0.77	0.72	1.61	0.61	0.73	1.17
Nova Scotia	0.66	0.71	0.81	1.45	0.61	0.82	0.77
Prince Edward Island	0.70	0.94	0.80	1.90	0.64	0.79	0.93
Newfoundland and Labrador	0.56	0.92	0.61	1.57	0.50	0.64	0.87
Age Group							
15 to 19	1.00	1.00	1.00	1.00	1.00	1.00	1.00
20 to 29	1.27	1.46	1.27	1.79	1.23	1.32	0.92
30 to 39	1.27	1.77	1.66	2.67	1.25	1.36	0.75
40 to 49	1.51	1.74	2.23	3.45	1.53	1.70	0.73
50 to 59	2.07	1.96	3.21	4.43	1.89	2.38	0.70
60 to 69	2.41	1.89	4.11	4.76	2.33	2.96	0.95
70 to 79	2.16	1.63	3.82	4.70	2.70	2.65	1.01
80 and Older	1.93	1.49	3.93	5.67	2.49	2.04	1.42
Education							
Less Than Secondary	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Secondary or Some Postsecondary	0.91	1.15	1.04	1.06	0.96	0.93	0.97
Postsecondary Graduate	0.80	1.16	0.94	1.19	0.86	0.89	1.01
Income							
High Income	1.12	1.09	0.97	0.56	0.88	1.07	1.79
Upper-Middle Income	1.08	0.96	0.93	0.67	0.91	1.03	1.23
Lower-Middle Income	1.06	0.95	1.00	0.78	1.00	1.07	1.06
Lower Income	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Sex							
Female	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Male	0.98	1.24	1.26	0.61	0.73	1.11	0.87
Marital Status							
Single	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Common Law	1.12	1.07	1.17	0.79	1.01	1.14	1.27
Widowed/Separated/Divorced	1.16	1.38	1.37	0.98	1.11	1.18	0.92
Married	1.28	1.06	1.25	0.90	0.99	1.22	1.72

Adjusted Odds of Self-Reporting High Positive Mental Health Outcomes by Selected Characteristics, Population 15 Years and Older, 2002 (cont'd)

Characteristics in Model	High Levels of Positive Mental Health Outcomes						
	Life Enjoyment	Coping Ability	Emotional Well-Being	Spiritual Values	Social Connectedness	Psychological Well-Being	Life Satisfaction
Cultural or Racial Background							
White	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Aboriginal Peoples (Off-Reserve: North American Indian, Métis or Inuit)	2.35	0.91	1.17	1.70	1.59	1.27	1.51
Black	1.59	1.42	1.83	4.95	0.96	1.48	0.70
Chinese	0.51	0.60	0.50	1.50	0.58	0.58	0.63
South Asian (East Indian, Pakistani, Sri Lankan)	0.64	0.88	0.73	0.87	1.10	0.63	0.89
Other or Multiple Groups	1.20	0.99	1.15	2.16	1.22	1.23	0.80
Community Belonging							
Low	1.00	1.00	1.00	1.00	1.00	1.00	1.00
High	1.41	1.22	1.27	1.30	1.27	1.51	1.46
Available Emotional Support							
Not Always	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Almost Always	2.23	1.60	1.98	1.35	1.95	2.51	2.00
Attends Religious Services							
Less Than Once a Month	1.00	1.00	1.00	1.00	1.00	1.00	1.00
At Least Once a Month	1.06	0.93	1.12	7.21	0.99	1.07	1.15
Self Reported Mental Illness							
Yes	1.00	1.00	1.00	1.00	1.00	1.00	1.00
No	1.99	1.61	2.13	0.87	1.40	2.23	1.76
Self-Rated Physical Health							
Fair/Poor	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Good	1.36	1.20	1.49	0.82	1.00	1.70	1.28
Very Good	1.67	1.58	1.82	0.90	1.08	2.39	2.61
Excellent	2.87	3.32	3.37	0.96	1.54	4.44	4.42
Stress Level							
High	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Medium	1.15	0.55	1.05	0.84	1.13	1.35	1.44
Low	2.00	0.75	1.92	0.83	1.69	2.45	2.57

Note
Adjusted odds ratios that are shaded are significantly different from the reference group (1.00) at p<0.05.

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This publication is part of CPHI's ongoing inquiry into the patterns of health across this country. Consistent with our broader findings, it reflects the extent to which the health of Canadians is socially determined, interconnected, complex and changing. CPHI is committed to deepening our understanding of these patterns.

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